



The Holstein-Friesian Association of Australia Inc.

AgriBio, 5 Ring Road, Bundoora, Victoria 3083 Australia
Telephone: (03) 9835 7600 Facsimile: (03) 9835 7699 Email: enquiry@holstein.com.au
Website: http://www.holstein.com.au ABN 87 455 118 302 REG NO. A14883U

APPLICATION FOR MEMBERSHIP

I HEREBY MAKE APPLICATION FOR MEMBERSHIP OF THE HOLSTEIN-FRIESIAN ASSOCIATION OF AUSTRALIA INC.

I ENCLOSE THE MEMBERSHIP FEE and agree to pay it annually at the beginning of each financial year according to the Associations credit policy and terms of trade including paying for monies owed for any products and services supplied by the Association.

I AGREE to keep complete and accurate records of the breeding of Holstein cattle in my possession, including consecutive dates of all services with positive identification of females bred and sires used, and of all dates of calving, with the sex and identification of each calf and I further acknowledge the right of the Association to have access, through the relevant herd recording organisations, to all milk production/herd recording data relating to the cattle in my possession.

I AGREE to be bound by the Rules of the Association and the Bylaws governing the registration and recording of Holstein cattle, the requirements for participation in the Type Classification Scheme and the HFAA Code of Ethical Sales Practice.

Dated at this day of 20

Name of Nominee: Signature:
(Print name of voting person & signatory of your membership)

MEMBERSHIP CATEGORY and ANNUAL FEE (Please tick where appropriate) Fees include GST

- 1. ORDINARY \$198.00 for Breeder with full membership and voting rights
 - 2. ASSOCIATE \$44.00 for Non-breeder with limited voting rights
 - 3. YOUTH \$99.00 for over 18 and under 25 years
 - 4. JUNIOR Free for 18 years and under
- Date of Birth:
(Applications for Junior Membership only)

Note: Membership Fee is payable at the time of joining and on 1 July of each subsequent year.

I WISH MY MEMBERSHIP TO BE IN THIS NAME:

NOTE: Your membership name will appear on all Certificates of Registration to identify the breeder/s and owner/s of each animal, who shall be the exclusive holders of the Herd Prefix allocated to this membership.

ENTER your complete postal address, the details which locate your farm, ABN or ACN and your contact details.

Postal Address:
.....
.....

Property Address:
.....
.....

State Postcode State Postcode

ABN/ACN Tel

Fax Email

Mobile No

BE SURE THIS APPLICATION IS COMPLETED IN FULL AND PROPERLY SIGNED. IMPORTANT – Including Next Page

DECLARATION OF OWNERSHIP

I/We hereby declare that this application represents the following persons in this membership and we agree to notify the Association within thirty days of any change by the deletion or addition of a partner in this membership.

Names of Partners (Please print)
First Names Surname

Signatures (Please write)

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.....
.....
.....

IMPORTANT - CHOOSE A HERD PREFIX

All Ordinary (breeder) members of the Association are required to register and use a herd prefix to identify the cattle which they breed. A prefix may not exceed two words and 30 letters. Any meaningful word may be used, or you may create one out of parts of names that relate to your family or farm. Your own surname may be suitable, if not too common. Short, uncommon names or words make the best prefixes.

MAKE SEVERAL SUGGESTIONS HERE in order of preference.

- 1. 2.
- 3. 4.

HERD RECORDING DATA ACCESS

All members participating in herd recording are requested to assist the Association in obtaining herd recording information and lactation history data by completing the following.

Herd Recording No/Shire Property No
National Herd Id
Herd Recording Centre
NLIS Property Identification Code

(Leave blank if unknown)

QUESTIONNAIRE

In order to assist us with planning, it would be appreciated if you could provide answers to the following questions. Your answers will help us serve you better.

- 1) Are you actively engaged in dairy farming? YES NO
- 2) If no, what is your main business activity?
- 3) How many milking cows in your herd?
- 4) How many are registered Holsteins (Herdbook or Appendix)?
- 5) How many are unregistered purebreds?

FOR OFFICE USE ONLY

Copy forwarded to (Member Services Manager)

Date Signature (Membership Section)