

## The Holstein-Friesian Association of Australia Inc.

AgriBio, 5 Ring Road, Bundoora, Victoria 3083 Australia Telephone: (03) 9835 7600 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.

			ing the registration and recording of Holstein cattle, IFAA Code of Ethical Sales Practice.
Dated & Signed: Date	Signature		
Name of Nominee: (Print name of voting person & s			ture:
MEMBERSHIP CATEGORY a	nd ANNUAL FEE (Please	tick where appropria	te) Fees include GST
1. ORDINARY	r Breeder with full member	ship and voting rights	5
2. ASSOCIATE $\square$ \$50.60 for	Non-breeder with limited v	oting rights. \$116.60	with Journal
3. YOUTH \$105.60 fo	r over 18 and under 25 yea	ars	
4. JUNIOR Free for 18  Note: Membership Fee is paya	Byears and under	nd on 1st July of each	Date of Birth:
	_	ates of Registration t	o identify the breeder/s and owner/s of cated to this membership.
ENTER your complete postal a <b>Postal Address</b> :	address, the details which I	ocate your farm, ABN <b>Property A</b>	I or ACN and your contact details.  ddress:
State	Postcode	State	Postcode
Telephone		Email	

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

ABN/ACN

Mobile No

thirty days of any change by the deletion or addition of a partner in this membership.				
Names of Partners (Plea First Names	Surname	Signatures (Please write)		
IMPORTANT - CHOO	SE A HERD PREFIX			
prefix may not exceed to	wo words and 30 letters. Any	re required to register and use a herd prefix to identify the cattle which they breed. A meaningful word may be used, or you may create one out of parts of names that relate itable, if not too common. Short, uncommon names or words make the best prefixes.		
MAKE SEVERAL SUGO	GESTIONS HERE in order of	preference.		
		2		
3		4		
HERD RECORDING D	ATA ACCESS			
All members participatir history data by completi		ested to assist the Association in obtaining herd recording information and lactation		
Herd R	National Herd Idecording Centreentification Code	ave blank if unknown)		
QUESTIONNAIRE				
In order to assist us with serve you better.	n planning, it would be appred	ciated if you could provide answers to the following questions. Your answers will help us		
1) Are you actively eng	gaged in dairy farming?	☐ YES ☐ NO		
3) How many Holstein	cows in your herd?			
3) How many are regis	tered Holsteins (Herdbook o	or Appendix)?		
4) Would you be intere	sted in our Classification se	ervice?		
4) What type of Dairy A	Apps do you use?			

I/We hereby declare that this application represents the following persons in this membership and we agree to notify the Association within