2009 MEMBERSHIP

MICHIGAN HOLSTEIN ASSOCIATION

3250 Dietz, Williamston, MI 48895 ~ Phone & Fax: 517-655-6590

PLEASE UPDATE INFORMATION ACCURATELY AND COMPLETELY • MEMBERSHIPS EXPIRE ON DECEMBER 31st, 2008

PLEASE MARK OUT ERRORS AND MAKE CORRECTIONS ON THE REVERSE SIDE.

NAME: _____ HFAA ACCT. #: _____

NAME USED FOR STATE AND NATIONAL MEMBERSHIPS MUST BE EXACTLY THE SAME TO GET THE LOWEST REGISTRATION RATE.

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ COUNTY: _____ DISTRICT: _____ SPOUSE: _____

FARM NAME: _____ REGISTERED PREFIX: _____

PHONE: _____ New Member ☐

FAX NUMBER: _____ **E-Mail** _____

NO. OF MILKING AGED FEMALES: Registered _____ Grade: _____

DIRECTIONS TO FARM: _____

ADULT MEMBERSHIP

ADULT BASE MEMBERSHIP (INCLUDES 1 *MICHIGAN-INDIANA NEWS* SUBSCRIPTION)

EACH AT $35.00..... 35.00

Examples - Reg. Cows	
1 Cow	$36.00
2 Cows	$37.00
3 Cows	$38.00
10 Cows	$45.00
50 Cows	$85.00
100 Cows	$135.00
101 Cows	$135.75
102 Cows	$136.50
125 Cows	$153.75
150 Cows	$172.50
175 Cows	$191.25
200 Cows	$210.00
300 Cows	$285.00
400 Cows	$360.00

$1.00 Per Registered Milking Aged Holstein female for the first 100. $1.00 x _____

$.75 Per Registered Milking Aged Holstein female from 101-500. $ .75 x _____

$.50 Per Registered Milking Aged Holstein female from 501 and over. $ .50 x _____

SUBTOTAL w/ adult membership and cows. _____

MICHIGAN JUNIOR HOLSTEIN ASSOCIATION MEMBERSHIP

NAME(S): _____

ADDRESS: _____

PHONE: _____ COUNTY: _____

BIRTHDATE(S) _____

PARENTS (OR GUARDIAN _____

FEE @ $5.00 EACH PER YEAR..... _____

MICHIGAN-INDIANA HOLSTEIN NEWS - ADDITIONAL SUBSCRIPTIONS

Junior Member Subscriptions @ $10.00

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

ADDITIONAL SUBSCRIPTIONS AT $15.00 EACH..... _____

TOTAL ALL FEES FOR 2009

This is your receipt - please detach and retain for your records

Membership is for January 1 through December 31, 2009.

Michigan Holstein Association

3250 Dietz, Williamston, MI 48895

Phone & Fax: 517-655-6590

E-mail:MichHolstein@wildblue.net

Date _____

Total Fee$ _____

Check Number _____