

# APPLICATION FOR MEMBERSHIP

Membership Fee (as per attached scale of charges). Payable at the time of joining and 1 July of each subsequent year.

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.

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 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: .....  
*(Voting person & signatory of your membership)* *(Personal, written signature)*

**MEMBERSHIP CATEGORY** (Please tick where appropriate)

- 1. **ORDINARY**  (Breeder, full membership and voting rights)
- 2. **ASSOCIATE**  (Non-breeder, limited voting rights, limited access to services)
- 3. **JUNIOR**  (Less than 21 years of age) **Date of Birth:** .....  
*(Applications for Junior Membership only)*

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 and the details which locate your farm.

**Postal Address:** ..... **Property Address:** .....

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.....

State ..... Postcode ..... State ..... Postcode .....

ABN ..... Tel ( ) ..... Fax ( ) ..... Email .....

**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) ..... **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 .....  
My NLIS Property Identification Code is (8 characters) .....  
*(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.

TICK WHICHEVER IS APPLICABLE

1. Are you actively engaged in dairyfarming? ..... YES  NO   
2. How many milking cows in your herd? .....  
3. How many are registered Holsteins (Herdbook or Appendix)? .....  
4. How many are unregistered purebreds? .....  
5. Are you aware of the Association's Upgrading Appendix Scheme? ..... YES  NO   
6. Are you aware of the Association's Type Classification Scheme? ..... YES  NO   
7. Would you like a National Field Officer of our Association to visit ..... YES  NO   
your property and advise you of procedures?

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FOR OFFICE USE ONLY

Copy forwarded to (National Field Officer) ..... State .....

Date: ..... Signature: ..... *(Membership Section)*