

Membership Application

Virginia Holstein Association
PO Box 340
Midland, Virginia 22728

Date _____

Name _____ County _____
(Must be exactly the same as you register your animal)

Address _____

Post Office _____ State _____ Zip Code _____

Telephone # _____ Fax # _____

HFA Account # _____ DHIA Code # _____

E-Mail Address _____

Number of cows recorded by Holstein USA _____

Membership Fee, Base Charge..... \$29.00

PLUS Fee of \$1.10 per cow* (155 Head Max) _____ X \$1.10 = \$ _____

Total Membership Fee Check enclosed for..... \$ _____

* Cow recorded by HOLSTEIN USA milking or dry