



Senior Membership Agreement 2020

New York Holstein Association, Inc.
840 Hanshaw Rd. - Suite #5
Ithaca, NY 14850
(607) 273-7591
email: jginzery@nyholsteins.com
web site: www.nyholsteinevents.com

County #:
County Club Name:
State Member #:
Date Joined:
2019 Award Years:
National Mem #:

Name - first, initial, last _____
Street or Route _____
City _____ State _____ Zip Code _____

Farm Name _____
DOB _____ Farm Prefix _____
Phone Number _____ Cell Number _____
Email Address _____

Please confirm all information above - up-date if necessary

I hereby join the New York Holstein Association, Inc. and agree to pay dues for the support of said Association on the basis of \$50.00 per membership plus \$1.50 per head for EVERY Registered Holstein cow that carries an 87% or higher R.H.A. (Registered Holstein Ancestry) in my herd that has calved up to 500 milking age females per membership application and will abide by the By-laws of said Association.

The filing of this agreement in the New York office shall entitle the signer to all rights and privileges that accompany membership in the New York Holstein Association, Inc. as covered by the By-laws of the organization and/or directives of the Board of Directors and one of the local Holstein clubs for the period ending December 31, 2020, including a subscription of the New York Holstein News.

Minimum dues per membership.....(New Members, see reverse for fee)..... \$50.00

Number of Registered animals in my herd that have calved _____ @ \$1.50 each.....(up to 500 cows) + _____

Optional: Donation to New York Holstein Scholarship Fund (see enclosed letter)...(Check if adding _____) + _____

Optional: One (1) year Farmshine Subscription.....(I save \$7.00).....(Check if adding _____) + \$8.00

Optional: One (1) year Cowsmopolitan + Holstein World Subscription.....(Check if adding _____) + \$35.00

Optional: Sponsorship.....(Check if adding _____) + _____

Total Payment enclosed.....(Minimum membership dues + \$1.50 per cow fee + optional(s)) \$ _____

Please make checks payable to: NYHA

We accept: AE Discover MC Visa

Card # _____

Expiration Date ____/____ CVV _____

Billing Address: _____

I wish to receive my copy of the News.

I DO NOT wish to receive my copy of the News.

Send my copy of the News to the following non-member (complete information below):

Name _____

Street _____ City _____

State _____ Zip _____ Phone # _____

Email Address: _____

Signature _____

Date _____

NYHA is always looking for potential new members. If you know of any person/business in your area that may have an interest in joining our Association, please submit their name, address, e-mail and/or phone number on the back of this membership application. We will contact them and let them know of the benefits of membership in the New York Holstein Association.

Please indicate any changes or corrections to your name, address, e-mail and/or phone numbers, etc. on this form.

We always welcome any comments, suggestions, or requests.

If you would like to be on a committee, please let Kelly know (kreynolds@nyholsteins.com).