## SA HOLSTEIN APPLICATION FOR MEMBERSHIP

SURNAME (or membership name in case of individual)																			
INITIALS																			
TITLE (Prof, Dr, Mr,Mrs,etc)																			
TYPE OF MEMBERSHIP REQUIRED																			
JUNIOR MEMBER	ı	NO	N REG	ISTER	ING M	EMBE	₹					RI	EGISTE	RING I	ИЕМВІ	ΕR			
Circle your choice			CO	MPAN	Y -	PARTI	NERSH	IIP -	BODY	CORP	ORATI	E - A	I CEN	TRE -	INDIV	IDUAL	-		
VAT Number																			
E-MAIL ADDRESS																			
IDENTITY NUMBER																			
TELEPHONE NUMBER																			
FAX NUMBER:																			
CELLPHONE NUMBER																			
ADDRESS OF APPLICANT			MU	ST BE	СОМР	LETED	BY AI	PPLICA	ANT										
Address line 1																			
Address line 2																			
Address line 3																			
Postal code																			
MEMBERSHIP REQUIRED AS FROM:																			
Were you formerly or are you at present a member of any Breed Society with regard to the same or any other breed?	JA			NEE	Ī														
If so, state hereunder the breed society and your member number																			
- Name of Society																			
- Membership number																			
Were you formerly or are you at present a member of any performance testing scheme? (Milkrecording scheme)?	JA	<u> </u>		NEE	Ē														
If so, please provide the name of the performance scheme and your membership number																			
- Scheme																			

- Scheme number																			
Would you prefer your correspondence in English or Afrikaans?	E A																		
Do you currently own a computer? If so, please indicate the make and size thereof.																			
Are you currently making use of a Dairy Management Program? If so, please indicate the name																			
NAME OF FARM																			
			MU	ST BE	COMF	LETE	BY A	PPLIC	ANT										
My choice of herdname (prefix) is: (Please state 6 names in order of preference. Town and City names are not allowed)																			
- CHOICE 1																			
- CHOICE 2																			
- CHOICE 3																			
- CHOICE 4																			
- CHOICE 5																			
- CHOICE 6																			
Have you purchased any registered animals? If so, please supply the previous owners name																			
TELEPHONE NUMBER of previous owner/s:																			
MEMBER NUMBER of previous owner/s;																			
																			$\blacksquare$
_	-																		
ROAD DESCRIPTION			MU	ST BE	COMP	LETE	BY A	PPLIC	ANT										
Physical address of farm		1			ı	ı	1	ı	1	ı	1	ı	ı	ı	ı	I	1	ı	
Address line 1																			
Address line 2																			
Address line 3																			
Postal code																			
DESCRIBE THE NEAREST ROA	D TO Y	OUR FA	RM BY	CAR,	SUPP	LYING	DISTA	NCES	IN KILO	OMETF	RES.								
																 			·····

I AGREE TO OBSERVE AND SIGNED AT															E SOC	CIETY.				
OF														ואס						
APPLICANT'S SIGNATURE:																				
AT LIGART & GIGRATORE.																				
PARTNERSHIPS			MU	ST BE	COMP	LETE	BY A	PPLICA	ANT											
NB: In the case of partnerships, it is compulsory for all partners to complete this document.																				
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			MU	ST BE	COMP	LETE	BY A	PPLICA	ANT											
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INITIALS																				
SURNAME																				
TITLE (Prof, Dr, Mr, Mrs, etc)																				
ADDRESS OF PARTNER					1	T		ı	ı				ī			r	1	T	1	
Address line 1																				
Address line 2																				
Address line 3																				
Postal Code																				
Telephone number																				
who applied for membership under the membership name of																				
AGREE AND ARE JOINTLY BOU	IND ANI	) SEPA	RATFI	Y RES	SPONS	IRI F	OR P	ZYMEN	T OF A	NY MA	ONIFS	DUE 4	ND PA	YARIF	TO 84	7 HOI 6	STFIN A	AS MA	Y RF D	AYARI F FROM 1
ASSEL AND ARE VOINTET BOO	ANI	JEFA	. veti El	. nec	. 0110		OR FA		. 51 8	1910	J.41LU		F A					.o ma	56 6	
SIGNED AT							THIS				DA	Y OF								
PARTNERS SIGNATURE							:													