



# APPLICATION FOR MEMBERSHIP

Canadian Livestock Records Corporation

2417 Holly Lane, Ottawa, Ontario, K1V 0M7 CANADA

MEMBERSHIP IS FOR THE CALENDAR YEAR AND IS DUE JANUARY 1ST EACH YEAR unless specified differently in the association by-laws.

Breed Association CANADIAN HAFLINGER ASSOCIATION (CHA)

Membership Name \_\_\_\_\_ ID No., if known \_\_\_\_\_  
If for a partnership, company or incorporated organization, give correct name thereof.

Farm Name, if different \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Tel. No. (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEBSITE: \_\_\_\_\_

TYPE OF MEMBERSHIP \_\_\_\_\_ MEMBER YEAR \_\_\_\_\_ Your BIRTH DATE \_\_\_\_\_ (Junior Members only)  
Day Month Year

If you own a registered animal, indicate the name (list only one) \_\_\_\_\_ Reg. # \_\_\_\_\_

I/We do hereby apply for membership and do hereby agree to conform to the Constitution and By-Laws of the said organization.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Applicant or Person authorized to sign Signature of Person authorized to vote at meetings Name of Person authorized to vote (Printed)

I/We request that the following **NOT** be published on the CLRC website:

(Please check applicable boxes):

Name  Address  Phone & Fax  E-mail Address  Website Address

OPTIONAL  **APPLICATION FOR TATTOO COMBINATION**  
REQUIRED  (tattooed breeds only - Max. 4 letter combination excluding Q)

FIRST CHOICE: \_\_\_\_\_ SECOND CHOICE: \_\_\_\_\_ THIRD CHOICE: \_\_\_\_\_

OPTIONAL  **APPLICATION FOR HERD NAME OR PREFIX**  
REQUIRED  (to be used in naming your animals)

FIRST CHOICE: \_\_\_\_\_

SECOND CHOICE: \_\_\_\_\_

THIRD CHOICE: \_\_\_\_\_

FEES	
Consult Current Fee Schedule	
Membership Fee \$	_____
Tattoo Fee .....	\$ _____
Herd Name/ Prefix Fee .....	\$ _____
Sub-Total .....	\$ _____
HST/GST (Canada) \$	_____
Total .....	\$=====

### CREDIT CARD PAYMENT

VISA  Master Card  American Express  (Check Fee Schedule for List of Allowed Credit Cards, if any)

Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature X \_\_\_\_\_