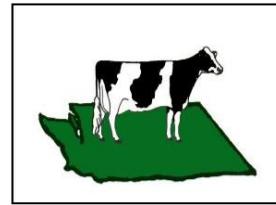


Washington State Holstein Association 2026

Membership Application or Renewal



Name	Type of Membership Adult or Junior	Email/Phone

National Member? Yes/No

National Holstein Account Name: _____

Farm Name: _____

Mailing Address: _____

Street Address

City

Zip

Name of Area Club (if known): _____

Which state committee would you prefer to work on: _____

Number of milking registered animals

(Includes animals 87% RHA and higher) _____ @ \$1.00 = _____
(Maximum = \$300.00)

Adult Memberships _____ @ \$30.00 = _____

Junior Memberships _____ @ \$5.00 = _____

Donations to the Junior Fund help defray costs of attending National Holstein Dairy Quiz Bowl and other national contests.

Donation to the Junior Fund _____

Total Due _____

Pay by Check:

Make Check Payable to:

WA State Holstein Assoc.

Include check with this form and mail to:
Washington State Holstein Association
c/o Duane Davidson
2005 W 24th Ave
Kennewick, WA 99337

OR

Pay with Pay Pal:

If using PayPal use this QRcode to submit payment then **email or mail this form back**, with this section circled.

