WASHINGTON STATE HOLSTEIN ASSOCIATION

2023 MEMBERSHIP APPLICATION

Check he	re if address has changed		
Name(s) of Adult Members:			Holstein Acct.#:
National Holstei	n Account Name:		
Farm Name:			
Farm Address (if	different from mailing address): _		
Phone:		E-Mail:	
National Membe	r? Yes / No		
Would you like to	o work on a state committee? If so	, please specify which:	
Dues Schedule:		·	@ \$1.00 ea = (Maximum = \$300.00)
	Adult Memberships		@ \$30.00 ea =
	Junior memberships Names of Junior Members:		@ \$5.00 ea =
			ip Donation
		Donatio	n to the Junior Fund
	(D 1 1	· F 11 1 1 C	Grand Total
		ior Fund help defray costs of attending Nati	
	Dairy Quiz Bowl and	other national contests. They also help pay o	costs of the

Please fill form out completely and be sure to include an email address so that we can keep you updated with our current happenings.

Junior State Show. Thank you for your generosity in supporting our junior members!)

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526 F Street Blaine, WA 98230