Washington State Holstein Association
2024 Membership Application or Renewal

Name(s) of Adult Members:_____Holstein Acct.#:_____

National Member? Yes/ No National Holstein Account Name:_____

Farm Name:_____

Mailing Address:_____
Street Address City Zip

Phone:_____ E-Mail:_____

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 =** _____
Please list names

_____
_____
_____
_____

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

Scholarship Donation _____
Donation to the Junior Fund _____

Grand Total $ _____

PAYMENT OPTIONS

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

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

wastateholstein@gmail.com