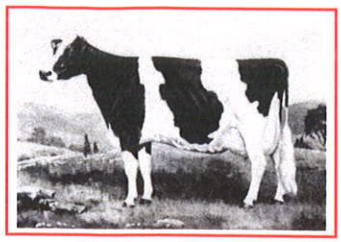

You can now pay your Membership fee online with a credit card. Simply go to our web site www.paholsteins.com and click on the Pay Membership link. You will need your Membership ID to use the payment option. First time/new members will need to submit via mail.

Pennsylvania Holstein Association

www.paholsteins.com

839 BENNER PIKE • STATE COLLEGE, PA 16801
(814) 234-0364 • contact@paholsteins.com

MEMBERSHIP ID#

LOCAL ASSOC.	NEW	RENEWAL	MEMBERSHIP SOLICITOR

NAME AND ADDRESS

FARM PREFIX

AREA CODE PHONE NUMBER

AREA CODE CELL PHONE NUMBER

E-MAIL

IF NAME AND / OR ADDRESS IS NOT CORRECT, PLEASE MAKE CORRECTIONS ON FOLLOWING LINE

_____

Office Use Only:

TYPE OF MEMBERSHIP ☐ DAIRY FARMER ☐ AGRI-BUSINESS ☐ ASSOCIATE MEMBER ☐ ASSOCIATE MEMBER-NON LISTED

NATIONAL MEMBER _____ YES _____ NO NATIONAL ID # _____

AS A PHA MEMBER YOU BELONG TO THE NATION'S MOST ACTIVE STATE HOLSTEIN ASSOCIATION. YOU SAVE $8.00 ON EACH IDENTIFICATION APPLICATION. YOU RECEIVE PA HOLSTEIN PROFILES AND FARMSHINE. YOU ARE AUTOMATICALLY A MEMBER OF YOUR LOCAL ASSOCIATION. PA HOLSTEIN SUPPORTS STATEWIDE PROGRAM OF EDUCATION, BREED PROMOTION, SALES AND YOUTH ACTIVITIES.

Base Membership Fee (All Members Must Pay) ..... $	**70.00**
Number of Registered/Identified Animals Applicant Owns that have ever calved_____at $.70+	
5% Discount on Total Base Fee and Per Head Fee if paid by 11/1/19	
OPTIONAL: Contribution to Pennsylvania Holstein hosting the 2020 National Holstein Convention .....+	
OPTIONAL: Contribution to Youth Scholarship Fund .....+	
Total Payment Enclosed ..... $	

Membership Fees are capped at $500/Membership; Maximum Membership Fee is $500.

PLEASE NOTE we impose a surcharge of 3% of the transaction amount on credit card purchases. This amount is not greater than our cost of acceptance. Online Credit card payment options are: Visa, Mastercard or Discover card Only.

_____ Date

_____ Member's Signature

Do you have animals available for selection for: Consignment Sales _____ ; Private Sales _____ .

Please detach this stub and retain for your records.

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Amount Paid $ _____

Date Paid _____ **Check Number** _____