

AMERICAN HEREFORD ASSOCIATION

MEMBERSHIP APPLICATION

Please print



Annual Adult Dues \$15-
Upon becoming a member, I/we agree to be governed by the Articles of Incorporation, by-laws and regulations of the Association as amended from time to time and agree to furnish promptly any information concerning, my/our Hereford cattle when requested by the Association. With this application, I enclose \$15 for this membership in the American Hereford Association for the current calendar year.

Signature _____ Date _____



Annual Junior Dues \$15
I hereby make application for membership with the national Junior Hereford Association and junior membership in the American Hereford Association. The annual membership fee is \$15 and is due on Sept. 1 of each year. I am eligible for junior membership until I reach the age of 22 years; at that time I have the privilege of becoming an adult member of the American Hereford Association. I agree to abide by the bylaws of AHA as now in fore or as may be hereafter amended.

Name of Junior _____ Birthdate _____

Parent Signature _____ Date _____

For federal income tax purposes, membership dues and contributions to the American Hereford Association are deductible as business expenses, not as charitable contributions.

HEREFORD WORLD

Yes, renew my subscription

New subscription

Subscription Rate \$35 for 1 year

U.S. Periodical rate
Missouri residents: Add \$2.75 Missouri sales tax for one year subscription.

U.S., 1st Class: \$70
Missouri residents: Add \$5.50 Missouri sales tax for one year subscription.

Foreign, 2nd Class: \$60

Foreign, 1st Class: \$110
Please pay foreign subscriptions in U.S. funds.

HEREFORD

AHA Customer No. _____

Farm, Ranch, Partnership, Corporation Name _____

Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Phone Number _____

Email _____

Location of herd if not same as above (Adult member only)

City _____

State _____

Credit Card Number _____

Security CVV code (on the back of the card) _____

Please circle one: Visa Mastercard Discover Expiration date of card _____

Signature _____

Mail application with payment to:
American Hereford Association • P.O. Box 014059 • Kansas City, MO 64101

Place
Stamp
Here

Return to:

**American Hereford Association
P.O. Box 014059
Kansas City, MO 64101**