

Texas Dairy Herd Improvement Association

301 23rd St Rm117B
Canyon, TX 79015
(806) 651-8750 Office
(806) 651-8751 Fax
info@texasdhia.com

Herdcode _____

Acknowledgment of Membership Agreement

In the
Dairy Herd Improvement Association
A subordinate of The Texas Dairy Herd Improvement Association, Incorporated
for Dairy Herd Management Programs

As the owner of one or more dairy cows and being interested in making my herd more efficient and more profitable through the use of herd management records as provided members of this association. I hereby apply for membership on the above organization and desire DHIA testing service. Should my membership be accepted I agree:

- (1) To comply with all rules, regulations, administrative procedures and policies now in effect or during my continued membership established by the association.
- (2) To comply with all official National and State rules and regulations pertaining to Dairy Herd Management Programs in Texas, as established by the Texas Dairy Herd Improvement Association Inc., and to be responsible equally with the supervisor in seeing that all rules and regulations are complied with in obtaining production records for my herd.
- (3) To cooperate with the supervisor, if a supervisor is used in the testing plan in which I am enrolled, and to provide him access to whatever space or information I control or have so as to enable him to keep complete records for my herd, specifically including but not limited to freshening and dry dates, purchase and sales dates, identification of all animals and plant delivery weights on milk sold.
- (4) To pay such operating fees as established by the board of directors to cover the cost of the supervisor's salary, travel, testing equipment, machine processing, and other operating expenses.
- (5) To abide by the Chapter, By-Laws and policies governing this organization.

Date _____

Signature of Applicant _____

Applicant name: **Herd Owner:** _____

Dairy Name: _____

Address : _____

City, State, Zip code: _____

Agreement accepted this _____ day of _____, 202____. As a member, the applicant is entitled to all rights, benefits, and privileges of this organization.

Texas DHIA, Inc.
Representative _____