

Enrollment Form



Member Name	<input type="text"/>	
	First Name	Last Name
Farm Name	<input type="text"/>	
Address 1	<input type="text"/>	
Address 2	<input type="text"/>	
City	<input type="text"/>	Prov <input type="text"/>
Postal Code	<input type="text"/>	County <input type="text"/>
Phone #	<input type="text"/>	Fax # <input type="text"/>
Email Address	<input type="text"/>	
DHI Herd #	<input type="text"/>	Pred. Breed <input type="text"/>
Management Club ROF Group Name	<input type="text"/>	

Additional Management Information

Write Other Comments Here

Milking 2X <input type="checkbox"/>	Tie Stall <input type="checkbox"/>
Milking 3X <input type="checkbox"/>	Free Stall / Parlor <input type="checkbox"/>
Automatic Take Offs <input type="checkbox"/>	Bedding - Straw <input type="checkbox"/>
TMR No <input type="checkbox"/> Yes <input type="checkbox"/>	- Mattress <input type="checkbox"/>
TMR -1 Group <input type="checkbox"/>	- Cement <input type="checkbox"/>
TMR -1 Group + TD <input type="checkbox"/>	- Sand <input type="checkbox"/>
TMR -Multiple Groups <input type="checkbox"/>	- Other <input type="checkbox"/>

Payment Options (Please Choose one)

- Payment Enclosed**
- Invoice me on my next semi-annual invoice**

(Must have your DHI # included for this option)

Date _____

Signature _____

Club Coordinator _____

Your information may be included in group averages for analysis and in the group report without your name attached but may not be released in any other form without your written approval.