

**NEW YORK HOLSTEIN ASSOCIATION
Master Breeder Nomination**

Active Retired

Name: _____

Farm Name: _____ **Prefix:** _____

Address: _____

Town: _____ **Zip:** _____ **County:** _____

Family: _____

Herd information:(size, production, BAA, cow families): _____

Accomplishments as a Registered Holstein Breeder: _____

New York Holstein involvement (local, county, state): _____

Community involvement: _____

Your personal comments: _____
