

APPLICATION FOR MILK TEST PROGRAM

Name:		Date of Application			
Address:		City:	ST: _	Zip:	
Phone:	Email:				
[] One Day Milk Test - (\$10 He	<u>erd)</u> [] <u>THRE</u>	E One Day Mil	<u>k Tests (AR)- (\$3</u>	<u>80 Herd)</u>	
Name of Testing Lab:					
Name of Certified DHIA Tester: _					
Email address:	Phone:				
[] 305 Day Milk Test - (\$5 Here (Must submit completed Doe Data		n when signing up	o)		
Indicate which Testing Option you Owner Sampler, etc.) Remember, some					
Name of Testing Lab:					
Name of Certified DHIA Tester: _					
Email address:		Phone:			
[] Group One Day Milk Test - (<u>(\$25.00)</u>				
Name of club/person holding Test	::				
Address:					
Phone:	Email:				
Name of Certified DHIA Tester: _					
		Phone:			
		Date Scheduled:			

You can use PayPal (<u>TMGRoffice@gmail.com</u>) and Email this form, or send check payable to TMGR along with this completed form to the address at the top of the page. If you have any questions email Norm Geiser (TMGR Milk Program Director) at backpacker2@outlook.com