

## **APPLICATION FOR MEMBERSHIP**

PLEASE COMPLETE THE FOLLOWING IN **BLOCK CAPITALS**

**MEMBERSHIP NAME** \_\_\_\_\_

**COMPLETE ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**POST CODE** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

**FAX NUMBER** \_\_\_\_\_

**MOBILE NUMBER** \_\_\_\_\_

**E MAIL ADDRESS** \_\_\_\_\_

**MINISTRY HOLDING NUMBER** \_\_\_\_\_

**CHOICE OF HERD PREFIX (1)** \_\_\_\_\_

**(2)** \_\_\_\_\_

**(3)** \_\_\_\_\_

DECLARATION I WISH TO BECOME A MEMBER OF THE EUROPEANANGUS CATTLE  
REGISTRATION COMPANY AS A FULL MEMBER. IF ELECTED I UNDERTAKE TO ABIDE AND  
ADHERE TO THE RULES RUGULATIONS AND BYE LAWS

I ENCLOSE A CHEQUE FOR £ \_\_\_\_\_ IN PAYMENT OF MY MEMBERSHIP FEES

**SIGNED** \_\_\_\_\_