

ASSOCIATE MEMBERSHIP APPLICATION FORM

(Associate Membership is confined to receiving Society Publications only)

(Please use Block Capitals)

Name/Title _____

Address _____


Postcode _____ ☎ _____

Mobile _____ ✉ _____

Associate Fee (VAT exempt) - £20.00

Please complete a Direct Debit Form so that future payments can be collected

I/We hereby apply for Associate Membership of the British Charolais Cattle Society Ltd, and agree to abide by the Rules and Regulations of the Society as laid down in the Memorandum and Articles of Association.

 _____ Date _____
Signature of person registering membership

For Office Use only

Membership number _____ Date Accepted _____