

## **BLUEFACED LEICESTER SHEEP BREEDERS ASSOCIATION**

I/We hereby make application for membership of the above Association and agree to abide by the rules as laid down by the Association.

(Please complete the following information for our database in BLOCK CAPITALS)

**(For office use only)** FLOCK NUMBER \_\_\_\_\_

Date/Method of Payment \_\_\_\_\_

<b>SURNAME:</b>	
<b>INITIALS:</b>	<b>TITLE:</b>
<b>DATE OF BIRTH (If under 18 years old):</b>	
<b>FULL ADDRESS:</b>	
<b>POSTCODE:</b>	
<b>TEL No: (        )</b>	<b>MOBILE:</b>
<b>EMAIL ADDRESS:</b>	
<b>FLOCK PREFIX – I would like my PREFIX to be:</b>	
<b>1<sup>st</sup> Choice:</b>	<b>2<sup>nd</sup> Choice:</b>
<b>IRISH FLOCK NUMBER:</b>	
<b>IRISH HERD NUMBER:</b>	
<b>VAT REGISTRATION NUMBER (if applicable):</b>	
<b>HEALTH STATUS – IS YOUR FLOCK:-</b>	
<b>MV ACCREDITED? YES/NO</b>	<b>EAE ACCREDITED? YES/NO</b>
<b>SIGNED:</b>	<b>DATE:</b>

### **SIGNED PARENT/LEGAL GUARDIAN:**

\*\* If the Applicant is under 18 years of age a Parent or Legal Guardian must give their consent for the individual to apply for Membership.

I confirm my consent that the Bluefaced Leicester Sheep Breeders Association can process my personal data in accordance with the Privacy Policy which can be viewed on the Association website or a copy can be requested from the Association Office.