

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 _____

SURNAME:	
INITIALS:	TITLE:
DATE OF BIRTH (If under 18 years old):	
FULL ADDRESS:	
POSTCODE:	
TEL No: ()	MOBILE:
EMAIL ADDRESS:	
FLOCK PREFIX – I would like my PREFIX to be:	
1st Choice:	2nd Choice:
COUNTRY PARISH HOLDING NUMBER (CPH):	
BUSINESS IDENTIFIER NUMBER (<u>Northern Ireland</u>):	
UK FLOCK NUMBER:	
SUBSCRIPTION: By Standing Order? YES/NO Date first Payment made:	
HEALTH STATUS – IS YOUR FLOCK:-	
MV ACCREDITED? YES/NO	EAE ACCREDITED? YES/NO
SIGNED:	DATE:

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.