



Pedigree House, 6 King's Place, Perth, Scotland PH2 8AD  
Tel: (01738) 622477 Fax: (01738) 636436

## **MEMBERSHIP APPLICATION FORM**

By completing this form, you are agreeing to your contact details appearing on the Society's online member database. Should you wish to opt out, please tick this box. However, anyone wishing to contact you or trace any of your animals via the database (e.g. for the beef schemes) will not be able to do so.

I/We (Mr. / Mrs. / Miss / Ms. / Messrs.), .....

Full Name and  
Postal Address in  
Block Letters  
please.

Postcode ..... Ministry Herd Mark .....

Tel: (Home) ..... Tel: (Business) .....

Mobile: ..... Website .....

Email: (correspondence)..... Email: (invoices).....  
*Optional - if you would like to receive our invoices by email.*

Date of Birth (if under 18 years) ..... VAT Reg. No. ....

If herd is in a Cattle Health scheme –  
Name of Scheme Provider and your number .....

If herd is in an Organic scheme –  
Name of Scheme Provider and your number .....

hereby make application for Annual/Life\* Membership of The Aberdeen-Angus Cattle Society, and enclose the appropriate Fees and Subscriptions†. I/We undertake, if and when elected, to conform to the Articles of Association and the Bye-Laws of the Society during my/our membership.

Signed ..... Candidate Date .....

\* Delete whichever is inapplicable

† Fees should accompany Application

† Subscriptions:	Annual ... ..	£ 33.60 (inc. £ 3.60 VAT)
	Annual – Junior (under 18 years)	£ 15.00 (inc. £ 0.51 VAT)
	Life ... ..	£840.00 (inc. £90.00 VAT)
Herd Name Copyright (if applicable)	... ..	£ 12.00 (inc. £ 2.00 VAT)

### **HERD NAME**

I/We would like the Herd Name

reserved as my/our Herd Prefix.

### **BANKERS' ORDER**

To ..... Bank, Date ..... 20.....

..... full address of Branch.

Please pay to BANK OF SCOTLAND, 10-16 KING EDWARD STREET, PERTH PH1 5UT (80-91-28) for credit of THE ABERDEEN-ANGUS CATTLE SOCIETY (00105396) the sum of THIRTY-THREE POUNDS 60 PENCE (£33.60) annually on the first of January each year, commencing 20 , until further notice. Please debit these payments to my/our Account No. .... Sort Code .....

(For Office Use Only)

**AS THE BANKERS TO WHOM THIS ORDER IS ADDRESSED YOU ARE REQUESTED TO QUOTE THE SURNAME (OR FULL TITLE IF A COMPANY) OF THE MEMBER MAKING THIS ORDER TOGETHER WITH THE FOLLOWING NUMBER**

**WHENEVER MAKING PAYMENT TO THE SOCIETY'S BANKERS.**

Signature of Member (or Agent) .....

Name of Member in Full .....

Address .....

N.B. – The above Bankers' Order Form, for the payment of Annual Subscriptions, may be completed if desired and returned with your Membership Application Form to the Society. The Society will then forward it to your Bankers who will arrange automatically for your £33.60 Annual Subscription to be credited to the Society's Bankers on 1st January each year. It is essential that those persons who are completing the Bankers' Order Forms should give the name of the registered member in full, though the signature of the member's Agent may be given, if applicable. Thus if a Firm is the Member then the full name of the firm should be given.