THE BELTED GALLOWAY CATTLE SOCIETY

ROCK MIDSTEAD, ALNWICK, NORTHUMBERLAND, NE66 2TH
Tel. 07891 245870 Fax. 01665 579326 Email info@beltedgalloways.co.uk
V.A.T. reg. no. 993 12145 06

MEMBERSHIP APPLICATION FORM

Please tick as required (fees are inclusive of V.A.T.):-

Life Membership - £480 .....[ ] Annual Membership - £36.00 .....[ ]
Associate Annual Membership - £24.00.....[ ] Herd Prefix registration - £6.00 .....[ ]

Please Print:-

Name ..... Tel. No. .....

Address ..... Mobile .....

..... Herd Prefix .....

..... (*Prefix should be one word*)

..... Ministry Herd No .....

Post Code ..... Email .....

Signature ..... Date .....

Note:- Full Membership is necessary for those wishing to register cattle and Associate Membership may be taken by anyone else. Please enclose payment with this form. **If you wish to pay your annual subscription by standing order please hand the mandate form below to your bank.** Subscriptions are due on 1st January every year, so your standing order should be paid on that date.

DATA PROTECTION:-

The Society is bound by Data Protection legislation and must obtain your permission before publishing your details.

Please include my details in lists displayed in the Society's website and other publications:-

Signed..... Print name.....

STANDING ORDER MANDATE FORM

Member's details:-

Bank ..... Sort code .....

Branch ..... Address .....

.....

Account name ..... Account number .....

Member's telephone number .....

Society's details:-

Account name Belted Galloway Cattle Society Ltd.
Account number 00115676 Sort Code 80 06 11
Bank Bank of Scotland Branch 192, King Street, Castle Douglas, DG7 1DB

The payment:-

Full membership **£36.00** Associate membership **£24.00** ***(Please delete as appropriate)***
Date of payment **1st January** Frequency **Annually** (until further notice)

Confirmation:-

I/we acknowledge that the Bank will not undertake to:-

a) Make any reference to V.A.T. or other indeterminate element
b) Advise payee's address to beneficiary
c) Advise beneficiary of inability to pay
d) Request beneficiary's banker to advise of receipt

Member's signature:- ..... **Date** .....