## APPLICATION FOR MEMBERSHIP OTTAWA VALLEY BREEDER CO-OPERATIVE INC.

Applicant information	
Full Name:	
Full Address:	
Phone Number:	Email:
Location of your farm facilities: Lot:	Con.:
Township:	County:
No. of acres owned:	No. of acres rented or leased:
No. of cattle owned: Last Year	Previous Year
Number of years as a Cow/Calf operati	on:
Birthdate:	S.I.N
References – that the co-op may contact:	
Address	
Address3) Veterinary Reference: Contact	
Annual Membership Fee of \$50.00 must a valleyfeederbreeder@gmail.com	ccompany application. It can be e-transferred to
I hereby give authorization to the Co-op and/or the and the credit bureau as permitted by law. I unders references provided above, if requested by the Co-o I agree to allow entry by staff or board of The Ottaw	va Valley Breeder Co-op Inc onto premises for the purpose of inspecting feed and facilities which ned by the Co-op. If approved for membership, I agree to allow entry onto the premises which I
Date:	_Signature:

For information contact: Admin: Gwen Thirlwall, 5706 Tatlock Road, Clayton, ON, KOA 1P0 tatlockbooks@gmail.com 613-809-0660

Supervisor: Craig McLaughlin (613) 646-7820 cmblackhorse@gmail.com