## APPLICATION FOR MEMBERSHIP TWO VALLEYS FEEDER CO-OPERATIVE INC.

Applicant information	
Full Name:	
Full Address:	
Phone Number:	Email:
Location of your farm facilities: Lot:	Con.:
Township:	County:
Premise ID#:	<del></del>
No. of acres owned:	No. of acres rented or leased:
No. of cattle owned: Last Year	Previous Year
Birthdate:	S.I.N
References – that the co-op may contact:	
Financial Institution: Contact  Address	
Business Reference: Contact	
<ol><li>Veterinary Reference: Contact</li></ol>	
	mpany application. It can be e-transferred to valleyfeederbreeder@gmail.com any this application such as driver's license, passport
Co-op Inc (hereinafter referred to as the Co-op)'s l Co-op's agent to obtain factual information regard bureaus as permitted by law. I understand that I m references provided above, if requested by the Co- I agree to allow entry by authorized individuals of	the Co-op onto the premises for the purpose of inspecting feed and facilities which I ovided by the Co-op. If approved for membership, I agree to allow entry onto the
Date:Sig	gnature:
Date:Sig	gnature:

For information contact: Admin: Gwen Thirlwall, 5706 Tatlock Road, Clayton, ON, KOA 1P0 <a href="mailto:tatlockbooks@gmail.com">tatlockbooks@gmail.com</a> 613-809-0660

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