



Irish Aberdeen-Angus Producers Ltd.



LONGFIELD, VIRGINIA, CO. CAVAN

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Application Form

Name: _____

Address: _____

Home Tel. No.: _____

Mobile Tel. No.: _____

Herd Number: _____

Type of Farm: DAIRY SUCKLER STORE TO BEEF Please tick ✓

Number of Cows: _____

Are you a Bull owner? _____

Bull Details – Name: _____

Tag Number: _____

Age: _____

Signed: _____ Date: _____

Only applications that contain the membership fee will be considered.