## ASSOCIATE MEMBERSHIP APPLICATION FORM

**I/we** …………………………………………………………………………………..

(Please state Mr, Mrs, Miss and full name)

**of**…………………………………………………………………………………..…………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………….

(please provide full postal address, including post code)

**Telephone number**: ………………………… Fax number……...................................

**E-Mail**………………………………………………………………………………….

**I wish to become an Associate Member of the Shropshire Sheep Breeders’ Association and Flock Book Society.** Please note that Associate members do not have the voting rights of full members of the SSBA.

Please tick the appropriate box(es) below:

 I have an unregistered flock of Shropshires

 I am a Christmas tree grower

 I am a sheep producer interested in Shropshires

 I do not keep sheep, but I am interested in Shropshires

When completed, this form should be returned to the Secretary of the Association:

Mr. S. Mackay, 1 Dam Lane, Croft, Cheshire, WA3 7HE with the correct remittance, as shown below.

**Signature**………………………………………………… **Date**………………….

TOTAL PAYMENT SENT £25.00

Payment Methods –

BAC’s Account – Shropshire Sheep Breeders Association

Sort : 20-49-08 Account No: 10345008

Please make sure that the payment details state – ‘New Associate Member – **then**

**your surname’ and send email to** [**secretary@shropshire-sheep.co.uk**](mailto:secretary@shropshire-sheep.co.uk) **with the**

**reference and payment date**

Cheque – Please make cheques payable to the Shropshire Sheep Breeders’ Association

and return with this application form.

**For Official Use:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Registrar Informed |  | Treasurer informed |  | Membership pack sent |  |