



**The Royal Association of British Dairy Farmers**  
 DAIRY HOUSE, UNIT 31, STONELEIGH DEER PARK, STARETON, KENILWORTH,  
 WARWICKSHIRE, CV8 2LY  
 Telephone: 0845 458 2711 Fax: 0845 458 2755  
 Email: office@rabdf.co.uk www.rabdf.co.uk www.dairyevent.co.uk

**ANNUAL MEMBERSHIP APPLICATION FORM**

Title: Mr / Mrs / Ms / Miss etc .....

First Name:.....Surname:.....

Company Name:.....

Address:.....

.....Postcode:.....

Telephone Number:.....

Fax Number:..... Mobile Number:.....

Email Address:.....

Farmer  Farm Manager  Stockperson  Vet  Consultant

Processor  Retailer  Trade Supplier  Student  Retired

Other  Please specify: .....

Number of Milking Cows/Goats/Sheep.....Annual milk production.....litres

I wish to apply for Full (£40) / Young (£20)\* Annual Membership of the RABDF effective from the date of application & valid until 31<sup>st</sup> December (Membership runs from Jan - Dec each year)

Signature:..... Date:.....

\*delete as appropriate

To qualify for Young Annual Membership, please give your Date of Birth:...../...../.....

I wish to pay my Annual Membership fee to the value of £..... by:

Direct Debit  (Please complete the DD mandate form\*\*) Cheque  (Made payable to RABDF)

\*\* All Membership subscriptions for the current year should be paid by cheque, enclosing the Direct Debit mandate which will take effect from the 1<sup>st</sup> January the following year.

Credit / Debit Card: (all credit/debit card transactions will be subject to a £2.50 fee)

MasterCard  VISA  DELTA  Switch  (Issue No :.....)

Card Number:.....

Card Expiry Date: ...../...../..... Start Date: ...../...../.....

Three Digit Security No:..... Postcode of Card Billing Address:.....

Signature:.....

**THANK YOU FOR YOUR SUPPORT**