



CGB ACCOUNT NUMBER
--------------------

**CC001. APPLICATION FOR ENROLLMENT IN CANADA GOLD BEEF COW CALF PRODUCER**

Producer Name \_\_\_\_\_ Date \_\_\_\_\_

Beef Operation Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

On Farm Contact \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Website (if applicable) \_\_\_\_\_

Type of Beef Operation:  Cow-calf  Backgrounder  Finisher

Predominant Breeds of Calves to be enrolled \_\_\_\_\_

(note: preference will be given to British and British cross cattle)

Total Annual no. of cattle you are interested in enrolling in CGB? \_\_\_\_\_ Total

Steer calves \_\_\_\_\_ Heifer calves \_\_\_\_\_ Yearlings steers \_\_\_\_\_ Yearling heifers \_\_\_\_\_

Please fill out this charge according to the month you are planning to seel the calves.

# OF CALVES YOU ARE ENROLLING	MONTH CALVES SOLD	ESTIMATED WEIGHT	EU APPROVED (YES/NO)
	August 2009		
	September 2009		
	October 2009		
	November 2009		
	December 2009		
	January 2010		
	February 2010		
	March 2010		
	April 2010		
	May 2010		
	June 2010		
	July 2010		
	August 2010		
	September 2010		

Please fax or email this application form to Canada Gold Beef.  
[info@canadagoldbeef.ca](mailto:info@canadagoldbeef.ca) or fax 403.732.5990.

Thank you.