



CGB ACCOUNT NUMBER

FL501. APPLICATION FOR ENROLLMENT IN CANADA GOLD BEEF FEED LOT OPERATOR

Producer Name _____ Date _____
 Beef Operation Name _____
 Mailing Address _____
 On Farm Contact _____
 Telephone _____ Fax _____ Cell _____
 Email _____ Website (if applicable) _____
 Type of Beef Operation: Backgrounder Finisher

Based on the following grid, please indicate your ability to provide cattle to the CGB value chain.

# OF CATTLE YOU COULD PROVIDE TO PACKER EACH MONTH	MONTH CATTLE SOLD	EU APPROVED (YES/NO)
	August 2010	
	September 2010	
	October 2010	
	November 2010	
	December 2010	
	January 2011	
	February 2011	
	March 2011	
	April 2011	
	May 2011	
	June 2011	
	July 2011	
	August 2011	
	September 2011	

Please fax or email this application form to Canada Gold Beef.
info@canadagoldbeef.ca or fax 403.732.5990.

Thank you.