

A COOPERATIVE OF FAMILY RANCHERS

COUNTRY NATURAL BEEF

MEMBERSHIP APPLICATION

NAME _____
(Please include spouse's name)

RANCH NAME _____
(List stockholders if a corporation)

DATE _____

MAILING ADDRESS _____

PHONE _____ CELL _____

E-MAIL _____

LIEN HOLDERS NAME _____

ADDRESS _____

BRAND(S) & LOCATION _____

OTHER PERTINENT RANCH INFORMATION _____

MONTHS YOU CALVE AND NUMBER OF HEAD _____

**HOW YOU DEVELOP YOUR WEANED CALVES INTO FEEDERS/YEARLINGS
(BACKGROUND OR GRASS ETC.)** _____

**MONTHS YOU WOULD HAVE 800-900 POUND CATTLE AVAILABLE TO
PLACE IN CNB (PLEASE INCLUDE ESTIMATED NUMBER OF HEAD & MONTH)**

WHAT IS YOUR CURRENT VACCINATION PROTOCOL FOR YOUR CATTLE?

**HAVE YOU REVIEWED THE CNB STANDARDS OF PRODUCTION,
GRAZEWELL PRINCIPLES, AND MEMBER RESPONSIBILITIES AND COULD
YOUR RANCH ABIDE BY THEM?** _____

**IS YOUR OPERATION GAP CERTIFIED OR HAS IT BEEN CERTIFIED IN THE
PAST?** _____

**IN A FEW WORDS, WHY WOULD YOU WANT TO BE A PART OF COUNTRY
NATURAL BEEF AND WHAT ARE THE STRENGTHS OF YOUR OPERATION?**

RETURN APPLICATION TO:

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