



Partner Membership Application Form

Applicant Information

Contact Name & Title: _____

Company Name: _____

Address: _____

City: _____ Country: _____ Postal/ZIP Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Website: _____

What is the nature of your business/association?

Why do you want to join LRIC?

Please check appropriate box

Partner Members fees: \$250.00 per annum payable in advance

Please email your completed application form to: info@livestockresearch.ca