

LIVESTOCK SA INCORPORATED Application for Associate Membership

Applicant:	Title: First name:	Last Name:
Business/T	rading Name:	
Address:		
Town:		State: Postcode:
Phone:		Fax:
Mobile:		Email:
Payment: \$110 (includes GST) per annum. Paid by cheque (attached) / EFT (circle)		
If paying by EFT, the bank details are BSB: 085-005; Account No: 712264119; and Account Name: Livestock SA		
Declaration and Signature ☐ I wish to apply to be admitted as an Associate Member of Livestock SA Inc and confirm that I will be bound by the constitution of this association; ☐ I do not pay livestock levies and/or contributions under the <i>Primary Industry Funding Scheme Act 1998</i> or other government legislation which is in force from time to time; ☐ I am at least 18 years of age; ☐ The information I have provided above regarding my personal and business details is true and correct; ☐ I consent to the information I have provided to be recorded by Livestock SA Inc on the register of Members; ☐ For the purpose of enabling Livestock SA Inc to provide services to me, I consent and authorise Livestock SA Inc to use and where appropriate to disclose any relevant information on this application form. ☐ If all of the requested information is not provided by me, and I am not financial, then I acknowledge that Livestock SA Inc may not be able to provide services to me and I may not be eligible to cast a vote or discuss matters at meetings of Livestock SA Inc.		
Signature:/ Date:/		
Please return completed application forms by:		
Email	admin@livestocksa.org.au	

Livestock SA Inc

Post

PO Box 211 GOODWOOD SA 5034

Reply Paid 84250 (no stamp required)