

APPLICATION FOR FULL or ASSOCIATE MEMBERSHIP

The information provided by you to the Society is used to undertake its role in relation to memberships, registrations and transfers, sales, marketing and promotion of Charolais cattle and performance recording. By applying for membership of the Society you consent to allow the Society to use this information for these purposes as well as for publication in Charolais newsletters, journals, sale catalogues and the Society website and regional farm directories.

Membership Name:
(e.g. A&B Smith; ABC Charolais; ABC Pty Ltd)

Postal Address (for all correspondence):
..... **State** **Postcode**

Phone (BH) **Fax** **Mobile**

Phone (AH) **Email**

Property Address (where stock are depastured – if different from above)
..... **State** **Postcode**

Managers Name (if applicable)

Phone **Fax** **Mobile**

Full Membership is those breeders with registered Charolais cattle entitled to full voting rights at General Meetings of the Society. Full Membership (January 1st to December 31st)
Annual membership \$231.00, Entry Fee (Once only) \$33.00, Prefix Fee (Once Only) \$16.50 **TOTAL \$280.50**

Name of Nominee (Voting Representative):

Associate Membership is those people with an interest in Charolais cattle, no voting rights.
Associate Membership (January 1st to December 31st) Annual membership \$38.50, **TOTAL \$38.50**

APPLICATION FOR HERD TATTOO & PREFIX

Full members must complete. For more information contact the Society.

Herd Tattoo 1st 2nd 3rd
(Three characters - letters and / or numbers only – no symbols, lazy or conjoined letters)

Herd Prefix 1st 2nd 3rd

I/We apply for membership of the Charolais Society of Australia and agree to abide by the terms of the Memorandum and Articles of Association and Regulations of the Society. I/We certify that the details shown are correct and that I/We have the appropriate authority to sign this application on behalf of the membership name applied for.

Signature of Applicant **Date**/...../.....

Additional Signatories

(Print Name)

If applicant under 18 years: Parent/Guardian nameSignature

Payment: Visa Card – Contact 02 6771 1666

Cheques payable to Charolais Society of Australia Ltd
EFT (Bank: NAB BSB: 082-407 Account: 823 722 661)
Please state your name & "New Member" in the Ref panel

Forward completed application and payment to:

Charolais Society of Australia, PO Box 772, ARMIDALE NSW 2350
Fax: (02) 6771 1561
Email: admin@charolais.com.au