

# Charolais Society of Australia Ltd



## APPLICATION FOR YOUTH 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:** ..... **Date of Birth:**...../...../.....  
 (e.g. Applicants Name required, eg John Smith or J Smith, John and Jill Smith) (names like Wherever Charolais not permitted)

**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/Mob**.....

**Youth Membership** is those breeders aged less than 24 years with registered Charolais cattle or an interest in the Charolais breed. Youth Membership (January 1<sup>st</sup> to December 31<sup>st</sup>)

Annual membership \$33.00, Entry Fee (Once only) \$33.00, Prefix Fee (Once Only) \$16.50 **TOTAL \$82.50**

**Interest in Charolais only and not registering cattle:** Annual membership \$33.00 **TOTAL \$33.00**

## APPLICATION FOR HERD TATTOO & PREFIX

Youth members must complete if they intend to register cattle. For more information contact the Society.

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

**Herd Prefix** 1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> .....

I/We apply for membership of the Charolais Society of Australia and agree to abide by the terms of the Constitution 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 name ..... **Signature** .....

NB: If membership is family partnership, Youth membership expires when the eldest child reaches 25 years of age..

**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

Email: admin@charolais.com.au