



AUSTRALIAN LOWLINE CATTLE ASSOCIATION
Application for Junior Membership

Membership Name/s _____

Date of Birth ____/____/____ (note - if for more than one junior then please give DOB of eldest applicant)

Property Address _____

Town/City _____ State _____

Country _____ Postcode _____

Phone _____ Mobile _____

Email _____

If under 18 years of age please provide details of Parent or Legal Guardian as 'person of contact' below:

Name _____ Phone _____

Email _____

Is your property address the same as your postal? YES / NO If NO, please complete details below:

Address _____

Town/City _____ State _____

Country _____ Postcode _____

HERD INFORMATION

MEMBER ID: series of 3 letters that represent your herd, for example, JJS. This will form the basis of any animal's idents that are bred into your membership and the first 3 characters of your tattoo eg JJSM001.

Please supply three preferences, listed in your preferred order:

1. _____ 2. _____ 3. _____

Please note - If your preferred Member ID is not available, an alternative ID will be provided.

HERD/STUD PREFIX: The name of your herd, maximum of 20 characters, including spaces, eg Best Black Cows

Please supply three preferences for your herd/stud Prefix, listed in your preferred order:

1. _____ 2. _____ 3. _____



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JUNIOR MEMBERSHIP FEE (per financial year excl GST)

Membership Fee: \$20.00

Establishment Fee (once off fee): \$10.00

TOTAL FEE DUE

Australian Member (inc GST): \$33.00

International Member (excl GST): \$30.00

I wish to pay by:

EFT

Cheque (payable to Australian Lowline Cattle Association)

BANK ACCOUNT DETAILS:

National Australia Bank

Account Name: Australian Lowline Cattle Association

BSB – 082 407

ACCOUNT NO. – 45 349 8710

Reference: *Your Name*

I/We, the undersigned, apply for membership of the Australian Lowline Cattle Association (ALCA) and agree to abide by the Constitution, Rules & Regulations and adhere to the Code of Ethics.

I/We consent to ALCA using my personal details in accordance with the ALCA Privacy Policy.

I/We certify that the details shown on this form are correct and that I/we have the appropriate authority to sign this application on behalf of the member name applied for.

THIS FORM MUST BE SIGNED BY THE PARENT OR LEGAL GUARDIAN ON BEHALF OF JUNIOR MEMBERS AGED UNDER 18 YEARS AT DATE OF APPLICATION.

Name _____

Signature _____

Date ____/____/____

Please return completed form to Australian Lowline Cattle Association by

Email (if paying by EFT): office@lowlinecattleassoc.com.au

OR

Post (if paying with cheque) : Australian Lowline Cattle Association, C/- ABRI, University of New England, ARMIDALE, NSW 2351