

AUSTRALIAN LOWLINE CATTLE ASSOCIATION Application for Lifestyle Membership

This form can be completed in Adobe and saved for your records.

Membership Name/s Full name of the person to be recorded as the nominee of the partnership/company (if applicable)	
Town/City	State
Country	Postcode
Phone	Mobile
Email	Website
If the above details are not your preferred membership co	ontacts, please list extra details below:
Contact 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 bred into your membership and the first 3 characters of you	example, <i>JJS</i> . This will form the basis of any animal's idents that are r tattoo eg <i>JJSM001</i> .
Please nominate three options, listed in your preferred order	r:
1 2 Please note - If your preferred Member ID is not available, an a	3 alternative ID will be provided.
HERD PREFIX: This word/s will prefix the name of any calves eg Southern Cross Casanova (<i>Southern Cross</i> is the herd pre*maximum of 20 characters including spaces allowed	
Please nominate three options for your Herd Prefix, listed in	your preferred order:
1 2	3



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LIFESTYLE MEMBERSHIP FEE (per financial year excl GST) Membership Fee: \$100.00 Establishment Fee (once off fee): \$75.00 **TOTAL FEE DUE -**Australian Member (inc GST): \$192.50 International Member (excl GST): \$175.00 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 1. 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. 2. I/We consent to ALCA using my personal details in accordance with the ALCA Privacy Policy. 3. 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. Date____/____/____ 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