



**AUSTRALIAN LOWLINE CATTLE ASSOCIATION**  
**Application for Associate Membership**

Membership Name/s \_\_\_\_\_

Full name of the person to be recorded as the nominee of the partnership/company (if applicable)

\_\_\_\_\_

Property Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**If the above details are not your preferred membership contacts, 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 \_\_\_\_\_

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**MEMBERSHIP INFORMATION**

**MEMBER ID:** series of 3 letters that represent your membership, for example, Jane and John Smith: *JJS*.

1. \_\_\_\_\_                      2. \_\_\_\_\_                      3. \_\_\_\_\_

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



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**ASSOCIATE MEMBERSHIP FEE** (per financial year excl GST)

Membership Fee: \$50.00

Establishment Fee (once off fee): \$20.00

**TOTAL FEE DUE**

**Australian Member (inc GST): \$77.00**

**International Member (excl GST): \$70.00**

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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.

Signature \_\_\_\_\_ 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