



AUSTRALIAN LOWLINE CATTLE ASSOCIATION Application for Full 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 _____

HERD INFORMATION

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

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. _____



AUSTRALIAN LOWLINE CATTLE ASSOCIATION
Application for Full Membership

FULL MEMBERSHIP FEE (per financial year excl GST)

Membership Fee: \$200.00

Establishment Fee (once off fee): \$100.00

TOTAL FEE DUE

Australian Member (inc GST): \$330.00

International Member (excl GST): \$300.00

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.

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