APPENDIX 1 FM 2014 – 2014 ABN 45 352 814 265

APPLICATION FOR ASSOCIATE MEMBERSHIP OF:-

WESTERN VICTORIAN AGRICULTURAL CONTRACTORS ASSOCIATION Inc

l / We ,			
Of:- [Rd address]			
[Town]	State	P/C	
[P O Box]	State		
[Town]	State	P/C	
[TOWII]			
Γ/Δ			
		••••••	
none number	Moune	••••••	
	ACCOCIATE		
	ASSOCIATE member of the:-		
WESTERN VICT	ORIAN AGRICULTURAL CONTRACTORS A	ASSOCIATION Inc	
in the event of OUR	admission as a ASSOCIATE member,		
	and by the rules of the Association as viewed on the we	h site	
•	rg.au or the hard copy viewed, for the time, being in fo		
we also understand i	f accepted for membership, we may receive a hard copy	y of the rules on request.	
		, , , ,	
Name of Applicant	Signature of Applicant	Date	
[as a FULL		
	association, nominate the applicant or Company, for AS	SOCIATE membership of	
he said Association.	issociation, nonlinear the applicant of Company, for the	os carrie memoersmp	
ne sala 7 issociation.			
Name of Proposer	Cionatura of Dramonar		
value of Proposer	Signature of Proposer	Date	
	_		
[,	as a <u>F</u>	member of the said	
Association second the	ne nomination of the applicant.		
		//	
Name of Seconder	Signature of Seconder	Date	
	Ç		
Should you be apply	ying for ASSOCIATE membership as a compan	v. you must advise the	
	ur nominated representative is, and their position i		
		ii the company.	
Nominated Person	[print]		
Position		••••	
Please return to:-	WVACAINC		
		P O BOX 1883	
	BAKERY HILL VIC 3	3354	

An invoice will be sent when and if application is accepted.

"Keeping the Dream Alive"

Presented at Committee meeting on/..... Applicant notified on/.... Accepted / Rejected Notified By Post / E-mail

[&]quot;We have no problem with contractors who work for less, for whom better to know the value of their work"