APPENDIX 1 FM 2016 – 2017 ABN 71 516 754 008 APPLICATION FOR ASSOCIATE / FULL MEMBERSHIP OF:- [circle type required.] You must be an agricultural contractor to be a FULL member Australian Agricultural Contractors Association Inc

I/We ,	 	
Of:- [Rd address]	 	
[Town]		
[P O Box]		
[Town]	P/C	
Trading As	 	
E-mail address		
Phone number		•

Desire to become a <u>ASSOCIATE / FULL member of the:- [circle type required]</u> <u>Australian Agricultural Contractors Association Inc</u>

In the event of OUR admission as a **ASSOCIATE / FULL** member, [circle type required] I/We agree to be bound by the rules of the Association as viewed on the web site <u>www.agcontracting.org.au</u> or the hard copy viewed, for the time, being in force. We also understand if accepted for membership, we may receive a hard copy of the rules.

Name of Applicant		 Date///
	as a FULL member of ASSOCIATE / FULL ,[circle type re	
	Signature of Proposer	Date///
I, said Association second the no	omination of the applicant.	as a <u>FULL</u> member of the
Name of Seconder	Signature of Seconder	/// Date
the Association who your nom Nominated Person [print]	SSOCIATE / FULL membership as ninated representative is, and their posi	tion in the company.
<u>Please return to:-</u>	AACAInc P O BOX 1883	
	BAKERY HILL VIC 3354	
<u>An invoice</u>	will be sent when and if application	is accepted.