APPENDIX 1 FM 2014 – 2014 ABN 71 516 754 008 APPLICATION FOR FULL MEMBERSHIP OF:- (You must be an agricultural contractor)

Australian Agricultural Contractors Association Inc

[/ We ,			
Of:- [Rd address]			
[Town]	State	P/C	
[Town]	State	P/C	
Γ/Α			
E-mail address			
Phone number	Mobile		
Desire to become a FULL	member of the:-		
	gricultural Contractors A	Association Inc	
In the event of OUR admission	on as a FULL member,		
	ne rules of the Association as viewed on the	web site	
•	the hard copy viewed, for the time, being in		
	ed for membership, we may receive a hard co		
1	•		
Nome of Aunticont			
Name of Applicant	Signature of Applicant	Date	
_			
	as a FULL , [circle type]		
	on, nominate the applicant or Company, for	FULL , membership of the said	
Association.			
Name of Proposer	Signature of Proposer	Date	
rame of Froposer	Signature of Froposer	Date	
Ī	as a	FIII. member of the said	
Association second the nomir		, member of the said	
a issociation second the norm	auton of the applicant.		
		//	
Name of Seconder	Signature of Seconder	Date	
~			
	FULL membership as a company, you		
•	entative is, and their position in the com	• •	
Nominated Person [print]		••	
Position			
Please return to:-	AACAInc		
rast return tu."			
	P O BOX 1883	2271	
	BAKERY HILL VIC	3354	

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

"Keeping the Dream Alive"

Presented at Committee meeting on/..../

Accepted / Rejected

Applicant notified on/	Notified By Post / E-mail	
"We have no problem with contractors who work for less, for whom better to know the value of their work"		