

## MEMBERSHIP APPLICATION

ABN: 65 990 653 488

2<sup>nd</sup> Floor, 460 Pacific Highway, ST LEONARDS NSW 2065  
 PO Box 1208 CROWS NEST NSW 1585  
 Telephone: 02 9086 2200 Facsimile: 02 9086 2201

**PLEASE USE BLOCK LETTERS AND GIVE FULL NAMES**

I/We \_\_\_\_\_  
 (Name of Company, Names of Partners or Name of Sole Trader)

hereby make application to be admitted as a member of the **Australian Meat Industry Council**, and a deemed member of the appropriate State Division for the purpose of participation in the affairs of the organisation. I/We undertake, upon admission, to observe the Constitution and Rules of the organisation.

Please provide a brief description of the business activity carried on by you:

Please indicate by a tick  in **ONE** of the boxes below the **MAIN** business activity carried on by you at your main premises below.

Indicate any other business activities carried on by you by placing a cross **X** in one or more of the boxes below.

<input type="checkbox"/> By-Products	<input type="checkbox"/> Export Abattoirs	<input type="checkbox"/> Retail Poultry	<input type="checkbox"/> Wholesale Butcher
<input type="checkbox"/> Carters	<input type="checkbox"/> Export Boning Rooms	<input type="checkbox"/> Retail Butchers	<input type="checkbox"/> Retail Fish
<input type="checkbox"/> Domestic Abattoir	<input type="checkbox"/> Wholesale Processor	<input type="checkbox"/> Slaughterhouse	<input type="checkbox"/> Others (specify below) _____
<input type="checkbox"/> Domestic Boning	<input type="checkbox"/> Non Packer Exporters	<input type="checkbox"/> Smallgoods	<input type="checkbox"/> Associate <small>(not eligible for full membership and cannot vote on Council business)</small>

Successful applicants shall be assigned to an Industry Group within the organisation. Please indicate by a  in **ONE** of the boxes below the Industry Group to which you think you should be assigned.

<input type="checkbox"/> The Export Lamb, Sheep and Goat Industry Group	<input type="checkbox"/> The Pork Processor Industry Group
<input type="checkbox"/> The Export Meatworks (Beef) Industry Group	<input type="checkbox"/> The Retail & General Industry Group
<input type="checkbox"/> The Meat Processors Industry Group	<input type="checkbox"/> The Smallgoods Industry Group

Complete details of your main (or only) establishment below (this also determines your State Division):

Trading Name \_\_\_\_\_ ABN: \_\_\_\_\_

Business Address \_\_\_\_\_ P/code \_\_\_\_\_

Postal Address \_\_\_\_\_ P/code \_\_\_\_\_

If same - "AS ABOVE" \_\_\_\_\_ P/code \_\_\_\_\_

Private Address \_\_\_\_\_ P/code \_\_\_\_\_

If a company, Address of Registered Office \_\_\_\_\_ P/code \_\_\_\_\_

Telephone (B) \_\_\_\_\_ Telephone (P) \_\_\_\_\_ Facsimile (B) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Number of employees at this first establishment, excluding owner/s \_\_\_\_\_

Contact Name Mr/ Mrs/Miss/Ms \_\_\_\_\_

**LIST OTHER ESTABLISHMENTS OPERATED BY THE APPLICANT THAT ARE RELATED TO THE MEAT INDUSTRY**

**Trading/Legal entity name** \_\_\_\_\_ **ABN:** \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Postal Address \_\_\_\_\_  
 No. of Employees \_\_\_\_\_ Telephone (B) \_\_\_\_\_ Facsimile (B) \_\_\_\_\_  
 Contact Name Mr/Mrs/Miss/Ms \_\_\_\_\_ **Business Activity** \_\_\_\_\_  
(Select from table on front page)

**Trading/Legal entity name** \_\_\_\_\_ **ABN:** \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Postal Address \_\_\_\_\_  
 No. of Employees \_\_\_\_\_ Telephone (B) \_\_\_\_\_ Facsimile (B) \_\_\_\_\_  
 Contact Name Mr/Mrs/Miss/Ms \_\_\_\_\_ **Business Activity** \_\_\_\_\_  
(Select from table on front page)

**Trading/Legal entity name** \_\_\_\_\_ **ABN:** \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Postal Address \_\_\_\_\_  
 No. of Employees \_\_\_\_\_ Telephone (B) \_\_\_\_\_ Facsimile (B) \_\_\_\_\_  
 Contact Name Mr/Mrs/Miss/Ms \_\_\_\_\_ **Business Activity** \_\_\_\_\_  
(Select from table on front page)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Applicant or Authorised Officer)

SUBSCRIPTIONS TO NEXT 30 JUNE					
Annual Subscription Base Rate (includes first premises)	\$	(prorated, if applicable)	No. of Months:		\$
Branch fee per extra premises	\$	(prorated, if applicable)	No. of Branches		\$
			No. of Months:		
Fee per employee(s)	\$	(prorated, if applicable)	No. of Employees		\$
			No. of Months:		
Food Safety Plan Joining Fee					\$
Food Safety Plan Audit Fees No. of Audits Per Annum	(Circle one) <b>2PA 4PA</b>	\$	(per audit)	No. of Audits to next 30 June:	\$
Other charges (Specify) .....					\$
Sub Total					\$
Plus 10% GST					\$
<b>TOTAL (enclose cheque for this amount or complete credit card details below)</b>					<b>\$</b>

Card No.

Expiry Date   /   Cardholder Name .....

**Cardholder Signature** \_\_\_\_\_

OFFICE USE ONLY		
MEMBER NO:	PREMISES NO/S:	REGION CODE/S: