



APPLICATION TO BECOME AN ASSOCIATE
Galloways Australia Incorporated

(incorporated under the Associations Incorporation Act 1991)

I, *(full name of applicant)*.....

Of *(address)*.....

Occupation.....*Phone*.....*Email*.....

Mobile.....*Fax*.....*WWW*.....

hereby apply to become an Associate of the abovenamed incorporated Association. In the event of my admission as an Associate, I agree to be bound by the rules of the Association for the time being in force.

Date *Signature of applicant*.....

Fees applicable: Associate \$55.00 per annum

Forward to: The Secretary Galloways Australia
 PO Box 309
 Hall, ACT 2618

By signing this form, you acknowledge the GA Information and Privacy Policy, which can be found on www.gallowaysaustralia.com.au

www.gallowaysaustralia.com.au
gallowaycattlebeefmarketing@yahoo.com.au