

MEMBERSHIP APPLICATION 2018-2019

I wish to apply for membership of AgForce Queensland Farmers Limited, and agree to abide and be bound by the Constitution of the Company.

MEMBERSHIP DETAILS

Full Name _____ Birth Year _____

Trading name _____ ABN _____

Postal Address _____

Contact Numbers Phone _____ Mobile _____

Fax _____ Email _____

Do you want to receive SMS alerts from AgForce? Yes No

Introduced by (if applicable): _____

SECTION 1 - FULL MEMBER

(FILL OUT SECTION 1 & 2 BELOW. FOR ALL OTHER MEMBERSHIP TYPES GO TO SECTION 3 ON REVERSE SIDE)

GROSS VALUE OF PRODUCTION	FEEES INCL. GST	FEEES INCL. GST
(Please indicate one) calculated on a five-year rolling average of combined gross income from commodities represented by AgForce	GVP 1 <input type="checkbox"/> \$0 to \$70,000 \$543	GVP 4 <input type="checkbox"/> \$500,001 to \$2million \$1,821
	GVP 2 <input type="checkbox"/> \$70,001 to \$200,000 \$910	GVP 5 <input type="checkbox"/> \$2,000,001 to \$7.5million \$3,480
	GVP 3 <input type="checkbox"/> \$200,001 to \$500,000 \$1,415	GVP 6 <input type="checkbox"/> Greater than \$7.5million \$19,645

NOMINATED REGION

AgForce North AgForce South East AgForce South West AgForce Central Qld AgForce Southern Inland Qld

Nominated Branch (if known) _____ Do you have a Nature Refuge?

Land Tenure (circle) Freehold / Other Lease / GHPL / Pastoral Holding Lot and Plan No _____

Property Names/Addresses _____ Shire _____

(Please attach details if insufficient space.)

Current Enterprise Details: (Stock numbers need to be entered accurately as they are used to determine representation of AgForce commodity boards for each region.) Cattle _____ Sheep _____ Goats _____

Grain - Hectares Under Crop _____ Hectares Under Irrigation _____ Hectares Under Farm Forestry _____

*Note: AgForce Sheep and Wool members will be automatically joined to WoolProducers and AgForce Cattle members will be automatically joined to Cattle Council of Australia (CCA). I agree to my details being provided to WoolProducers I agree to my details being provided to CCA.

Insurance WFI Other Name _____ Date Due _____

SECTION 2 - JOINT MEMBERS

Each GVP level is entitled to the equivalent number of complimentary joint members. Additional joint members thereafter are \$94 each.

Joint Member #1 (in full – no fee payable) _____ Mobile _____ Email _____ Birth Year _____

Joint Member #2 (in full – no fee payable) _____ Mobile _____ Email _____ Birth Year _____

Additional Joint Member/s (\$94) _____ Mobile _____ Email _____ Birth Year _____

I declare that all of the above information provided is true and correct at the time of signing this application. By signing this application, I agree to comply with the constitution of AgForce Queensland Farmers Limited, including paying the guarantee of an amount of not more than \$10 per member under clause 4 if required.

Signature of member/authorised representative _____ Date _____

FOR PAYMENT VIA CREDIT CARD, PLEASE COMPLETE THE DETAILS BELOW:

Credit card number Expiry date / CSV

Type of credit card Visa Mastercard Name on the Card _____

Amount payable _____ Cardholder's Signature _____

COMPLETE THIS AGFORCE MEMBERSHIP APPLICATION AND FAX TO (07) 3236 3077 OR EMAIL TO MEMBERSHIP@AGFORCEQLD.ORG.AU OR SEND IT ALONG WITH YOUR CHEQUE OR CREDIT CARD DETAILS TO P.O. BOX 13186, NORTH BANK PLAZA, BRISBANE, QLD, 4000 IF YOU NEED ASSISTANCE TO COMPLETE THIS FORM, PLEASE CONTACT OUR MEMBERSHIP OFFICER ON 1300 656 029.

PRIVACY STATEMENT: PROTECTING THE PRIVACY OF ITS MEMBERS IS A KEY COMMITMENT OF AGFORCE QUEENSLAND. AGFORCE DOES NOT SELL OR RENT INFORMATION, AND ONLY COLLECTS INFORMATION TO PROCESS MEMBERSHIP APPLICATION AND TO KEEP YOU INFORMED AS A MEMBER. FULL PRIVACY STATEMENT CAN BE FOUND ON OUR WEBSITE BY VISITING WWW.AGFORCEQLD.ORG.AU. AQF ACN: 611 736 700 ABN: 57 611 736 700

AGFORCE QUEENSLAND FARMERS LIMITED

MEMBERSHIP APPLICATION 2018-2019



SECTION 3 - OTHER MEMBER TYPES

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Contact Numbers Phone _____ Mobile _____

Fax _____ Email _____

Do you want to receive SMS alerts from AgForce? Yes No

Introduced by (if applicable): _____

Insurance WFI Other Name _____ Date Due _____

MEMBERSHIP TYPE

Support Member - \$515.00

A person who operates a business with an interest in the industries represented by AgForce.

Agribusiness Corporate Member (Support Member) - \$3,810.00

A business or local council which services or supports the industries represented by AgForce and contributes to regional prosperity.

AgriBusiness Individual Member (Support Member) - \$180.00

An individual with an interest in the rural industry not eligible to join as a full or joint member.

Small Ag Enterprise (Support Member) - \$248.00

A person or business not eligible to join as a full or joint member, and who does not derive primary income from agriculture, but maintains an interest in the industries represented by AgForce.

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Date

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