

Applicant Signature

MEMBERSHIP FORM

Please fill out this form and return to
Mail: PO BOX 309, BRISBANE MARKET QLD 4106
Email: info@abgc.org.au Fax: 07 3278 4938

If you have any questions please call 07 3278 4786

Date

MEMBER DETAILS			
Full Name of Applicant			
Business / Trading Name			
Farm Address	Po	Postcode	
Postal Address	Pc	Postcode	
Phone	Fax		
Mobile Phone	ABN Number		
Email Address			
Are you already paying ABGC's Membership	Fee and believed you were a member?	☐ Yes ☐ No	
MEMBERSHIP PAYMENT			
3 cents per 13kg carton membership fee. T	ster and receive full member benefits, men This can be paid directly to ABGC or can be You regarding your first payment after your ap	collected through a	
□ Directly to ABGC - Please select one□ Through your wholesaler - Please co	option.		
If paying through a wholesaler/s, please pro	ovide details below.		
1. Wholesaler Name:	Ph:		
2. Wholesaler Name:	Ph:		
as a member, I agree to be bound by the Rules and er	anana Growers' Council Incorporated (ABGC). When nsure that the ABGC's Member fee is payable on the b er(s) of ABGC Membership payments made by the Who	ananas I produce. I also	