

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

| MEMBER DETAILS | | |
|--|-------------------------------|------------------------|
| Full Name of Applicant | | |
| Business / Trading Name | | _ |
| Farm Address | Postcode | |
| Postal Address | 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 | | |
| To be listed on the ABGC membership register and receive full mem 0.22c/kg (that is, \$0.0022/kg) membership fee. This can be paid din through a participating wholesaler. ABGC will contact you regarding application is received. | rectly to ABGC or can be | e collected |
| Please select your preferred payment method. | | |
| ☐ Directly to ABGC - Please select one option. ☐ Monthly | Quarterly | |
| Through your wholesaler - Please contact your wholesaler | to arrange payment. | |
| If paying through a wholesaler/s, please provide details below. | | |
| 1. Wholesaler Name: | Ph: | |
| 2. Wholesaler Name: | Ph: | |
| I hereby apply to become a member of Australian Banana Growers' Council Inc as a member, I agree to be bound by the Rules and ensure that the ABGC's Memb consent to ABGC obtaining details from the Wholesaler(s) of ABGC Membership po | ber fee is payable on the ban | anas I produce. I also |
| Applicant Signature | Date | |
| | | |