

**Applicant Signature** 

## **MEMBERSHIP FORM**

Please fill out this form and return to

Mail: PO BOX 309, BRISBANE MARKET QLD 4106 Email:

members@abgc.org.au Fax: 07 3278 4938

V	if you have any questions please call 0455 553 596
MEMBER DETAILS	
Full Name of Applicant	
Business / Trading Name	
Farm Address	Postcode
Postal Address	Postcode
Phone	
Mobile Phone	ABN Number
Email Address	
If there are additional contacts in your organis	sation who should receive exclusive member communications,
Name: Email:	Mobile:
MEMBERSHIP PAYMENT	
(that is, approx 3.3c/15kg box) membership t	er and receive full member benefits, members must pay the 0.22c/kg ee. This can be paid directly to ABGC or can be collected through a u regarding your first payment after your application is received.
Please select your preferred payment n	nethod.
☐ Directly to ABGC - Please select on	e option: Monthly Quarterly
Through your wholesaler - Please co	ontact your wholesaler to arrange payment.
If paying through a wholesaler/s, pleas	e provide details below.
1. Wholesaler Name:	Ph:
2. Wholesaler Name:	Ph:
How many acres is your farm?	Variety grown:
by the Board as a member, I agree to be bound	lian Banana Growers' Council Incorporated (ABGC). When approved d by the Rules and ensure that the ABGC's Member fee is payable on GC obtaining details from the Wholesaler(s) of ABGC Membership ehalf.

Date