



# Membership Application

Please complete in **BLOCK LETTERS**.

**MEMBERSHIP TYPE** (Please tick):  Full  Commercial  Associate  Junior

**NAME OF APPLICANT** .....

**REPRESENTATIVE IF MEMBER IS A COMPANY OR PARTNERSHIP** .....

**POSTAL ADDRESS** .....

..... **POSTCODE** .....

**LOCATION OF STUD** (If different from postal address) .....

.....

**TELEPHONE** ..... **FAX** ..... **E-MAIL** .....

**DATE OF BIRTH** ..... / ..... / ..... (Junior members only)

**ABN** .....

**NAME OF STUD TO BE USED AS PREFIX**

(1) ..... (2) ..... (3) .....

(Only required for Active and Junior Memberships – show in order of preference)

**REGISTERED PROPERTY BRAND/TATTOO AND POSITION USED**

.....

**DESCRIPTION** .....

.....

**SYSTEM OF NUMBERING FOR IDENTIFICATION** (Please tick):  Brand  Tattoo

**NUMBER OF REGISTERED CATTLE OWNED** ..... Head

If admitted as a member I/we hereby agree to pay all relevant annual subscription, registrations and other fees levied by the Society, and also conform to the Constitution and Regulations whilst being a member of the Society.

.....  
**SIGNATURE OF APPLICANT**

.....  
**SIGNATURE OF NOMINATOR** (if applicable)

.....  
**DATE**

.....  
**DATE**

**METHOD OF PAYMENT** (Please tick):  Cheque  Cash  Direct deposit

## PLEASE RETURN YOUR FORM AND PAYMENT TO:

Australian Braford Society Inc., 122 Denham St, PO Box 749, Rockhampton Queensland 4700  
or email [admin@braford.org.au](mailto:admin@braford.org.au) Tel: (07) 4927 5196 Fax: (07) 4927 5708 Visit [www.braford.org.au](http://www.braford.org.au)

### BANK DETAILS

**ACCOUNT NAME:** Australian Braford Society Incorporated **BSB:** 034 210 **ACCOUNT NUMBER:** 338830

Office Use Only

Application Acknowledge		Prefix	
Herd code	Myob	ABRI	Membership list