



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., ABRI, University of New England, The Short Run, Armidale NSW 2351 or email admin@braford.org.au Tel: (02) 6773 3126 Visit www.braford.org.au

BANK DETAILS

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

Office Use Only

Application Acknowledgement		Prefix	
Herd code	Myob	ABRI	Membership list