

DROUGHTMASTER

Australia's natural wonder

MEMBERSHIP APPLICATION ASSOCIATE MEMBERSHIP

1ST APRIL 2021 TO 31ST MARCH 2022

MEMBERSHIP NAME:

POSTAL ADDRESS:

SUBURB:

STATE:

POSTCODE:

PHONE:

PHONE (MOBILE):

EMAIL:

WEBSITE:

BUSINESS TYPE (IF APPLICABLE):
(EG AGENT, SPONSOR, SUPPLIER, ETC)

ABN (IF APPLICABLE):

I/We agree to abide by the Constitution and Regulations of the Droughtmaster Stud Breeders Society Ltd.

SIGNATURE OF APPLICANT:

Return form to office@droughtmaster.com.au

OFFICE USE ONLY

MEMBERSHIP APPROVAL

| | | | |
|-----------|--|-----------|--|
| NAME | | NAME | |
| SIGNATURE | | SIGNATURE | |
| DIRECTOR | | DIRECTOR | |
| DATE | | DATE | |

MEMBERSHIP DETAILS

| | | | | | |
|---------|--|-----------|--|------------|--|
| ZONE | | NOMINATOR | | | |
| WEBSITE | | MAILCHIMP | | BOARD FILE | |