

# DROUGHTMASTER

Australia's natural wonder

## MEMBERSHIP APPLICATION STUD MEMBERSHIP

1ST APRIL 2021 TO 31ST MARCH 2022

**MEMBERSHIP NAME:**

THIS IS THE NAME YOUR OPERATION WILL BE KNOWN AS IN ALL DROUGHTMASTER PUBLICATIONS AND DATABASE

ABN REGISTERED NAME (IF APPLICABLE):

ABN:

PRINCIPAL/DIRECTORS:

**NOMINATED PERSON RESPONSIBLE FOR SIGNING AND VOTING:**

THIS PERSON HAS FULL CONTROL OVER THE MEMBERSHIP. ONLY ONE PERSON CAN BE NOMINATED AS THE HOLDER OF THE VOTING RIGHTS.

POSTAL ADDRESS:

SUBURB:

STATE:

POSTCODE:

PHONE:

PHONE (MOBILE):

EMAIL:

WEBSITE:

PROPERTY ADDRESS (IF DIFFERENT FROM ABOVE):

SUBURB:

STATE:

POSTCODE:

MANAGERS NAME (IF APPLICABLE):

CONTACT PHONE:

PIC NO:

I, the person with voting rights, authorise the following representatives to act of my behalf:

1.

2.

3.

4.

## NAME OF STUD/HERD TO BE USED AS PREFIX

1ST	2ND	3RD
BRAND:		BRAND DESCRIPTION:
POSITION OF BRAND (NEAR RUMP, OFF RUMP)		
BRANDING YEAR: FINANCIAL (JULY TO JUNE) <input type="checkbox"/>		OR CALENDAR (JANUARY TO DECEMBER) <input type="checkbox"/>
INTERESTED IN BREEDPLAN? YES <input type="checkbox"/> NO <input type="checkbox"/>		PAPER CERTIFICATES REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>

By signing this form, I agree that the above people have full access over the membership. These people can request culls, transfers, authorise charges, complete sale and show nomination forms and obtain information relating to the herd etc.

SIGNATURE OF NOMINATED PERSON

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

SIGNATURE OF APPLICANT/S

PRINT NAME/S

Return form to [office@droughtmaster.com.au](mailto:office@droughtmaster.com.au)

### OFFICE USE ONLY

#### MEMBERSHIP APPROVAL

NAME		NAME	
SIGNATURE		SIGNATURE	
DIRECTOR		DIRECTOR	
DATE		DATE	

#### MEMBERSHIP DETAILS

MEMBERSHIP NAME					
HERD CODE		STUD PREFIX			
ZONE		STUD NUMBER			
BOARD FILE		NOMINATOR			
BREEDPLAN INTEREST?		ADD TO WEBSITE		ADD TO MAILCHIMP	