



Application for Membership

Organisation name:

Address: (postal)

Phone:

Contact person:

Email:

Phone (DD): Mobile:

Other interested staff:

Email:

.....

Main type of business:

.....

Membership Category: (please tick; this information will be kept confidential to the Executive Administrator only but is required for invoicing purposes)

Consultant Turn over < \$1 million p.a.

Turn over \$1 - 5 million p.a. Turn over > \$5 million p.a.

Areas of key interest: (please tick)

HSNO applications Exporting

ACVM applications Biosecurity

Nutritional products Animal welfare

R&D Organics

Patent and Trademark On farm standards