



Square Meaters Cattle Association of Australia Ltd

A.B.N. 87 681 797 865

PO Box 189, KIAMA NSW 2533

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www.squaremeaters.com.au

Membership Application

Note: The Square Meaters Cattle Association of Australia Ltd. (SMCAA) collects your personal information for the purposes of contacting you, forwarding you important information, maintaining and updating its databases containing herd information and assisting you to promote your business. The SMCAA will disclose your personal information to its members and the general public via the SMCAA website, public directories and other means unless you advise otherwise.

NB: ** Each Business, Company, Trader or Partnership must nominate an individual; a "Principal" to represent and act on behalf of the "Member".

Member & Principal Details

Circle preferred: Mr Mrs Miss Ms

Partnership, Company, Trading Name:	
** Principals Full Name (Printed):	
Postal Address:	State & Post Code:
Residential Address:	
Telephone:	Mobile:
Email:	
PREFIX: My choice for registered stud name (prefix), in order of preference are: (Cannot exceed 14 characters including spaces)	HERD TATTOO: Must contain no more than 3 characters with standard numbers and / or letters only. Symbols are unacceptable.
1	1
2	2
3	3

MEMBERSHIP AND FEES:

Membership Type	Annual Membership Fee	Joining Fee (ONE OF)	Total Fee
FULL	\$185.00	\$110.00	\$295.00
COMMERCIAL/ASSOCIATE	\$50.00	\$50.00	\$100.00
SCHOOL / YOUTH	\$30.00	\$30.00	\$60.00

Membership fees will be invoiced on approval of application.

I am applying for: (please CIRCLE one)

FULL MEMBERSHIP

COMMERCIAL / ASSOCIATE MEMBERSHIP

SCHOOL / YOUTH MEMBERSHIP

I/We apply for membership of the Square Meaters Cattle Association of Australia Ltd. and agree to be bound by the Provisions of the Memorandum & Articles of Association, Rules and Policy made pursuant thereto. I/We certify that the details shown on this form are correct and that I/we have the appropriate authority to sign this application on behalf of the membership name applied for.

**Signature of Principal (1):	Date:
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YOUTH MEMBER Under 18 DOB: ___/___/___ Please provide date of birth and Parent/Guardian Signature

Parent/Guardian Name:

Signature:

How did you first hear about Square Meaters?

SHOW

BREEDER

INTERNET

PUBLICATION