

MEMBERSHIP APPLICATION

INDIVIDUAL MEMBER DETAILS										
Name:										
Postal address:						Т	Town/City:			
Postcode:	State:					Country:				
Telephone:						Mobile tele	ephone:			
Email address:						Website a	ddress:	www.		
Farm address:						To	wn/City:			
Postcode:	State: Property Identification Code (PIC No.):									
ASSOCIATE MEMBER DETAILS (ONLY APPLICABLE FOR FULL MEMBERSHIP APPLICATIONS)										
Name:										
Postal address:	Town/City:									
Postcode:			State:			Country:				
STUD DETAILS										
Requested Herd Prefix (i.e., stud name or farm name):										
CURRENT HERD NUMBERS & REGISTRATION DETAILS										
Female huacayas:			Er		Entire male huacayas:			Castrated male huacayas:		
Female suris:				Entire	male suris			Castrated male suris):	
Name of any organis	me of any organisations that your ani			animals are registered with:						
PAYMENT										
I/We have included the total amount payable shown below. Should application not be successful, payment will be refunded in full. Payment comprises (please tick):										
\$20.00 Application/joining fee										
CHOOSE ONE OF THE FOLLOWING ONLY:								PAY ONLINE at online.aaba.com.au or		
\$35.00 AS	00 ASSOCIATE Membership - Annual Bank Transfer BANK: Commonwealth								h	
\$65.00 FUI	JLL Membership - Annual (<i>applications dated 1 Apr – 30 Sep</i>) A/C NAME: AABA									
\$48.75 FUI	JLL Membership - Pro-rata (applications dated 1 Oct – 31 Dec) BSB: 062 603 A/C NO.: 1034 7975									
\$32.50 FUI	LL Membership - Pro-rata (applications dated 1 Jan – 31 Mar) REF: Your surname									
\$ TOTAL amount payable to AABA										
AGREEMENT										
I/We authorise AABA to supply my/our postal details for the sole purpose of the supply of published material Yes related to alpacas (e.g., the <i>World of Alpacas</i> magazine):										
I/We authorise AABA to publish our contact details on membership lists and directories: Yes No										
I/We hereby apply to become a member of the Australasian Alpaca Breeders Association Inc. In the event of my/our admission as member, I/we agree to be bound by the rules of the association. I/we indemnify absolutely the association in respect of a decision to refuse this application.										
Signature of applicant:							Date:			
Signature of associa						Date:				
OTHER SKILLS										
Please list any skills/interests that you have or would like to develop that could contribute to AABA's continued growth and success:										
Computer programs, graphic design skills:										
Writing, editorial, or journalism experience:										
Research, marketing and/or fleece analysis experience:										
AABA ADVERTISING										
How did you find out about AABA?										