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 25 Church Lane, Hobby's Yards NSW 2795, Australia

APPLICATION FOR MEMBERSHIP
 of Australasian Alpaca Breeders Association Inc. (incorporated under the *Associations Incorporation Act 1984*)

..... (family name, or organisation name, of applicant)		..... (family name of applicant's associate)	
..... (given name(s) of applicant, or full name of organisation's agent)		..... (given name(s) of applicant's associate)	
..... (email address of applicant)		..... (email address of applicant's associate)	
..... (website address aka URL )		.....
.....		
..... (postal address)	..... (postcode)	..... (farm address)	..... (postcode)
..... (home phone)	..... (business phone)	..... (facsimile)	..... (mobile phone)
..... (Property Identification Code)		..... (name of alpaca stud/farm)	
..... (AABA branch with which applicant wishes to affiliate, if any)		..... (requested Herd Code)	..... (requested Herd Prefix)

I currently own:	..... breeding females	..... stud males	..... wethers
Alpaca (huacaya):	..... breeding females	..... stud males	..... wethers
Alpaca (suri):	..... breeding females	..... stud males	..... wethers
Llama/Guanaco:	..... breeding females (number)	..... stud males (number)	..... wethers (number)

My animals are also registered with
 (other organisations, if any)

In addition to email, I wish to receive my official correspondence by post (**Postal Fee applies**): Yes / No (*circle one*)

I have paid \$..... by: Cheque / EFT (*circle one*)

 (EFT date of payment) (EFT transaction ref. – use initial and last name)
 Electronic Funds Transfer payments to Australasian Alpaca Breeders Association Inc.
 Commonwealth Bank BSB 062 603 a/c 1034 7975

I/We (strike out one) hereby apply to become a member of the Australasian Alpaca Breeders Association. In the event of my/our admission as member, I/we agree to be bound by the rules of the association for the time being in force. I/we forward herewith my/our joining fee and annual subscription, and if applicable, my/our postal fee. I/we indemnify absolutely the association in respect of a decision to refuse this application.

I wish to have my contact details excluded from membership lists, directories and similar electronic media: Yes / No (*circle one*)

..... Signature of applicant (or agent if applicant is an organisation) Signature of associate (if applicable) Date
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This section need not necessarily be filled in by the applicant

We, being members of the association, nominate and second the nomination of the applicant for membership of the association.

..... Full name of proposer (possibly secretary) Signature of proposer Date
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..... Full name of seconder (possibly president) Signature of seconder Date
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OFFICE USE ONLY

Date application received:	<i>Initials:</i>	Date considered:	Decision: G / R	<i>Initials:</i>
Joining fee received: \$	<i>Initials:</i>	Date applicant notified:		<i>Initials:</i>
Subscription received: \$	<i>Initials:</i>	Date refusal refunded:	Amount: \$	<i>Initials:</i>
Postal fee received: \$	<i>Initials:</i>	Date register of members updated:		<i>Initials:</i>

ADMIN COMPLETE: Signed Date