



Square Meaters Cattle Association of Australia Ltd

A.B.N 87 681 797 865

PO Box 189 , KIAMA NSW 2533

Phone: 02 4232 3333 Fax: 02 4232 3350

Email: squaremeaters@bigpond.com

www.squaremeaters.com.au

Membership Application

Note: The Square Meaters Cattle Association of Australia Ltd. (SMCA) 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 SMCA will disclose your personal information to its members and the general public via the SMCA website, public directories and other means unless you advise otherwise.

Each partnership, company, institution or syndicate must nominate an individual to act on behalf of the membership.

Principal of Membership:

Mr/Mrs/Miss/Ms. Given Name(s): _____ Surname(s): _____

Company/Trading Name: _____

Postal Address: _____

Town/City: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

PREFIX: My choice for registered stud name (prefix), in order of preference are:
(Cannot exceed 14 characters including spaces)

- 1 _____
- 2 _____
- 3 _____

HERD TATTOO: Must contain no more than 3 characters with standard numbers and / or letters only. Symbols are unacceptable.

- 1 _____
- 2 _____
- 3 _____

MEMBERSHIP and FEES:

Membership Type	Yearly Membership Fee	Joining Fee	Total
Full	\$185	\$110	\$295
Commercial/Associate	\$50	\$50	\$100
School / Youth	\$30	\$30	\$60

Membership fees will be invoiced on approval of application.

I am applying for (please tick one)

FULL MEMBERSHIP COMMERCIAL/ASSOCIATE MEMBERSHIP SCHOOL/YOUTH

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 _____

Date: ____/____/____

Youth Member DOB: ____/____/____ Youth Members – please provide date of birth and Parent/Guardian Signature if under 18

Parent/Guardian Name _____ Signature: _____

Please advise how you first heard about Square Meaters:

E.g. Show, Publication, Breeder, Internet.