

AGFORCE QUEENSLAND FARMERS LIMITED

MEMBERSHIP APPLICATION 2022-2023



I wish to apply for membership of AgForce Queensland Farmers Limited, and agree to abide and be bound by the Constitution of the Company.

MEMBERSHIP DETAILS

Full Name _____ Birth Year _____

Trading name _____ ABN _____

Postal Address _____

Contact Numbers Phone _____ Mobile _____

Fax _____ Email _____

Reason for joining: _____ Do you want to receive SMS alerts from AgForce? Yes No

SECTION 1 - FULL MEMBER (PRIMARY PRODUCER)

MEMBERSHIP FEES

Cane: 25 cents per tonnes of cane delivered to a mill in Queensland

Mill: _____ Approx. tonnes: _____ Farm number: _____

NOMINATED REGION

AgForce North AgForce South East AgForce South West AgForce Central Qld AgForce Southern Inland Qld

Nominated Branch (if known) _____ Do you have a Nature Refuge?

Land Tenure Freehold - Other lease - GHPL - Pastoral holding **Lot and Plan No** _____

Property Names/Addresses _____

Shire _____

(Please attach details if insufficient space.)

Current Enterprise Details: (Stock numbers need to be entered accurately as they are used to determine representation of AgForce commodity boards for each region) Cattle _____ Sheep _____ Goats _____

Grain - Hectares Under Crop _____ Hectares Under Irrigation _____ Hectares Under Farm Forestry _____

Cane - Hectares Under Crop _____ Hectares Under Irrigation _____ Hectares Under Farm Forestry _____

*Note: AgForce Sheep and Wool members will be automatically joined to WoolProducers

I agree to my details being provided to WoolProducers

Insurance WFI Other Name _____ Date Due _____

SECTION 2 - JOINT MEMBERS (PRIMARY PRODUCER)

Each Cane member is entitled to one complimentary joint member. Additional joint members thereafter are \$120 inc GST each.

Joint Member #1 (in full - no fee payable) _____ Mobile _____

Email _____ Birth Year _____

Additional Joint Member/s (\$120) _____ Mobile _____

Email _____ Birth Year _____

DECLARATION

I declare that all of the above information provided is true and correct at the time of signing this application. By signing this application, I agree to comply with the constitution of AgForce Queensland Farmers Limited, including paying the guarantee of an amount of not more than \$10 per member under clause 4 if required.

Signature of member/authorised representative

Date

If you need assistance to complete this form, please contact us at the AYR office on (07) 4783 2933

PRIVACY STATEMENT: Protecting the privacy of its members is a key commitment of AgForce Queensland. AgForce does not sell or rent information, and only collects information to process membership application and to keep you informed as a member. Full privacy statement can be found on our website by visiting www.agforceqld.org.au AQF ACN: 611 736 700 ABN: 57 611 736 700