

Chianina Society of Australia

Application For Membership

I/WE: _____

Wish to become a member of the Chianina Society of Australia Inc.
and agree to abide by the Constitution and By-Laws of the Association.

PROPERTY NAME: _____

POSTAL ADDRESS: _____

TELEPHONE: () _____

FACSIMILE: () _____

EMAIL: _____

STUD NAME _____

1ST CHOICE: _____

2ND CHOICE: _____

3RD CHOICE: _____

TATTOO PREFIX (3 LETTERS ONLY)

1ST CHOICE: _____

2ND CHOICE: _____

3RD CHOICE: _____

SIGNATURE _____

DATE _____

*Where an application for membership is a Partnership or Company
the following should be completed:*

FULL NAME OF THE PERSON TO BE RECORDED
AS THE NOMINEE OF THE PARTNERSHIP OR COMPANY: _____

Membership

Joining Fee \$50.00

Annual Subscription \$75.00

Total (includes GST) \$125.00

Payable by cheque
to the Chianina Society

Please return to: _____

Executive Officer

Chianina Society of Australia

ABRI, UNE

Armidale NSW 2351

Enquiries to: _____

Chianina Society of Australia

Tel: (02) 6773 3126

Fax: (02) 6772 1943

Email:

john.thomas@abri.une.edu.au