

APPLICATION FOR MEMBERSHIP

Australian Limousin Breeder's Society

ABN: 91 003 488 444

| I / We hereby apply for (tick one) | |
|------------------------------------|---|
| ☐ Ordinary / Full membership | ☐ Youth / Junior Membership |
| ☐ School Membership | ☐ Commercial / Associate Membership |
| | s' Society Ltd (ALBS) and, agree to be bound by the Rules and Regulations and Code of Conduct and othe |
| Membership Name | |
| Property Address | |
| Postal Address | |
| Phone Numbers: Mobile | Business |
| Email: | DOB (if under 25 yrs) |
| Signed: | Date: |
| · | partnership, company, or institution, nominate one person to vote. There is only one vote for each membership. |
| Nominee: | |
| | |

FULL and YOUTH MEMBERS ONLY TO NOMINATE STUD AND HERD IDENTITY

Please ensure that you provide three choices for each.

The three letter Herd Identity will form part of the unique identifier for each animal. Many breeders use an abbreviation of their stud name.

| STUD NAME (No more than 12 letters including spaces | | HERD IDENTITY (3 letters excluding I and O) | |
|---|--|---|--|
| 1 st choice | | 1 st choice | |
| 2 nd choice | | 2 nd choice | |
| 3 rd choice | | 3 rd choice | |

REGION:

| ■ Western Australia | South Australia | Queensland | ■ Northern Territory |
|-----------------------|-----------------------|----------------------------|------------------------------|
| □ ACT | □ Tasmania | Northern Tableland | ■ North West, NSW |
| ■ Mid Coast | □Hunter Valley | Riverina, NSW | ☐ South Eastern Region, NSV |
| ☐ Northern Rivers, NS | SW 🔲 Central West, | NSW Gippsland, VIC | ■ Northern, Vic |
| □ Southern, Vic □ \ | Western, Vic 🗖 Centre | al, Vic 🚨 North Island, Ni | Z 🖵 South Island, NZ |
| | | | |
| Main Calvina Seasor | n: 🗖 Autumn (1 Janua | arv - 30 June) 🔲 Sp | ring (1 July to 31 December) |
| main canning couco. | | an, 2000min | |
| | | | |
| To help with promoti | on, please note here | how you became intere | sted in the Limousin breed |
| | | | |
| | | | |
| | | | |

| MEMBERSHIP TYPE | MEMBERSHIP FEES (current as 1 Januar | y 2023) | |
|---|--|--------------------|--|
| JOINING FEE (full membership only) | Joining Fee (one off fee for full membership only) | | |
| ORDINARY / FULL Can register animals Full voting rights | Membership commencing between January and June (full year membership) | \$325 | |
| | Membership commencing between July & October (6 month membership) | \$205 | |
| | Full membership paid in November or December will cover membership for the following year. | | |
| YOUTH (under 25 years of age) | Annual Membership - With registered cattle - Without registered cattle | \$80.00 \$66.00 | |
| SCHOOL | Annual Membership | \$77 | |
| COMMERCIAL / ASSOCIATE Cannot register animals No voting rights | Annual Membership | \$60 | |

An invoice will be forwarded to you, upon receipt of your membership application at the office. Payment options include bank transfer, cheque and credit card payments.

Please return this form to:

GENETIC HUB
PO Box U66
Charles Sturt University
WAGGA WAGGA NSW 2678

Email: office@genetichub.com.au

Please call the Genetic Hub office on 02 69331214 if you have any questions.



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PUBLISH CONTACT DETAILS ON ALBS MEMBER SEARCH & MEMBER MAPS

As a financial member of Australian Limousin Breeders' Society (ALBS) your contact details are automatically listed on the Member Search and Member Location Map on the ALBS website. This includes your name, stud name, addresses, phone and email.

This information is available to the public and other members, and can be found here: <u>Limousin Member Enquiry (une.edu.au)</u>

If you do not wish to have these details publicly listed, please advise the office in writing when you submit your application form.

MEMBERS UNDER 18 YEARS OLD

To ensure the safety and privacy of our Youth / Junior members under 18 years of age, contact details are <u>not</u> automatically published. These members require parental / guardian consent before their details are displayed.

Please have a parent / legal guardian complete the section below if you are under 18 years old and would like to have your details published.

| As the parent / legal guardian of | | member |
|---|---|--------|
| name), responsible for | _ (stud prefix) I give permission for the | member |
| details to be published on the ALBS website. | | |
| Parent / Guardian Name: | | |
| Parent / Guardian Signature: | | |
| Date: | | |
| At any time, you can contact the office to revi | | tails. |
| Please view the privacy policy available on the | e ALBS website for additional informat | ion. |