



AUSTRALIAN WHITE SUFFOLK ASSOCIATION INC

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Office Use Only

Flock No:.....

Prefix:.....

Date Joined:.....

Fee Received:.....

LOGIN:.....

MEMBERSHIP APPLICATION FORM

TAX INVOICE | ABN: 89 020 103 131

PRIVACY POLICY

Information provided in your membership application and any future annual flock returns, registrations and transfers, is used by the AWSA in their annual flock register, newsletters, website, supplying postal mailing labels and compiling and publishing general statistics. By becoming a member you consent to details such as name, address and other contact details being used for these purposes only when joining the Association. Information will not be made available to third parties.

I have read and accept the terms of this Privacy Statement (please tick)

FLOCK TO BE REGISTERED IN THE NAME OF:-

Trading Name (if applicable):

Owner / Nominee:

Surname: _____ Given Name: _____

Spouse / Partner:

Surname: _____ Given Name: _____

CONTACT INFORMATION:-

Postal Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Telephone: _____ Fax: _____ Mobile: _____

Email: _____

I am applying for: FULL MEMBERSHIP JUNIOR MEMBERSHIP ASSOCIATE MEMBERSHIP

If applying for FULL or JUNIOR MEMBERSHIP, please complete the below information:

Total number of ewes in flock: _____

Brucellosis Accreditation number (mandatory): _____ NLIS PIC: _____

Ovine Johne's Disease Status (please circle): MN1 / MN2 / MN3 / Nil OJD Accreditation number: _____

Has your flock been OJD Vaccinated?: YES NO Total OJD Points: _____

Performance Recording system (please circle): LAMBPLAN / STOCKSCAN / OTHER / NONE

****Please forward a copy of your Brucellosis Accreditation certificate with your membership application form****

Please provide an explanation of the background of your new White Suffolk stud / foundation flock:

APPLICATION FOR REGISTERED STUD PREFIX:

Please record your first and second prefix preference in the space provided below. Your registered stud prefix is the name you wish to call your stud. Your prefix should be no more than two words, no more than 15 letters and should not include hyphens or initials.

Preference 1: _____ Preference 2: _____

Signed: Dated:

TOTAL APPLICATION FEE DUE: \$55.00 (incl GST) TOTAL PAYMENT ENCLOSED: \$.....

Payments can be made via **Cheque** or **EFT** to: Australian White Suffolk Association Inc BSB: 085-005 Acct No: 64693 0119

A tax invoice/receipt will be issued on receipt of payment.