



APPLICATION FOR MEMBERSHIP

To: Queensland Agricultural Merchants Inc.

I/we hereby make application for membership of the Queensland Agricultural Merchants Inc. Should membership be approved; I/we undertake to abide by the constitution and Rules of the Association.

PARTICULARS OF APPLICANT

Trading Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Business Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Trading Status: Sole Proprietor [ ]; Partnership [ ]; Family Trust [ ]; Company [ ]

If Sole Proprietors or Partnership Trader, state Full Name/s of Proprietor or Partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full names of Directors/Trustees (individuals) or full names of Directors of Trustee Company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company name (if applicable):

\_\_\_\_\_

Trustee name (if applicable) [individual or company]:

\_\_\_\_\_

Position held: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is the applicant a member of GTA? Yes - [ ]; No - [ ]

Full Member [ ]

Date of application: \_\_\_\_\_

Signature: \_\_\_\_\_

REFERENCES

Proposed by: \_\_\_\_\_  
(Member name)

Signed: \_\_\_\_\_

Seconded by: \_\_\_\_\_  
(Member name)

Signed: \_\_\_\_\_

QAM Inc
PO Box 7394
TOOWOOMBA M/C QLD 4352
qldagmerchants@gmail.com

Bank Account details:
Acc. Name: QLD Agricultural Merchants Inc.
BSB: 084-961
Account No: 50 897 9651

Annual Fees
Full Member - \$275 + GST