



AUSTRALIAN WHITE SUFFOLK ASSOCIATION INC

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Office Use Only

Flock No:
Prefix:
Date Joined:
Fee Received:
LOGIN:

APPLICATION FORM FOR MEMBERSHIP

TAX INVOICE | ABN: 89 020 103 131

Please note: Membership will not be granted until the \$55.00 membership application fee has been received.

FLOCK TO BE REGISTERED IN THE NAME OF:-

Owner / Nominee

Surname: _____ Given Name: _____

Spouse / Partner

Surname: _____ Given Name: _____

CONTACT DETAILS:-

Postal Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Telephone: _____ Fax: _____ Mobile: _____

Email: _____

I am applying for: FULL MEMBERSHIP ASSOCIATE MEMBERSHIP JUNIOR MEMBERSHIP

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

Total number of ewes in flock: _____

Brucellosis Accreditation number (if applicable): _____

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

Ovine Johne's Disease Accreditation number (if applicable): _____

Has your flock been OJD Vaccinated?: YES NO

Total OJD Points: _____ NLIS PIC: _____

Performance Recording system (please circle): _____ LAMBPLAN / STOCKSCAN / OTHER / NIL

If other, please list: _____

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 **TOTAL PAYMENT ENCLOSED: \$**

Please tick if you require a receipt for taxation purposes.