



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

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 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): _____ NLIS PIC: _____

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: _____

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

If other, please list: _____

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: \$

Please tick if you require a receipt for taxation purposes.

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