

Crop Consultants Australia Incorporated
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Application for Membership

Operating under the provisions of the Associations Incorporation Act 2009 (NSW)

This form is to be read in conjunction with the CCA Membership Brochure.

Membership Status:

New

OR

Rejoining

Membership Category:

Independent

OR

Corporate

Your name: _____

Business/Company name: _____

Current position: _____

Postal address: _____

Work Telephone: _____ Mobile: _____

Email: _____

Fax: _____

Reason for wanting to join CCA: _____

Has an existing CCA member encouraged you to become a member? If so, please state their name:

What industry are you involved with? Cotton Grain/Pulse Oilseeds Other _____

Tertiary qualifications: _____

Other relevant information: _____

I hereby apply to become a member of Crop Consultants Australia Incorporated. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

Signature of applicant

Date

I, _____ (name of current member) nominate the applicant for membership.

Signature of current member (proposer)

Date

I, _____ (name of current member) second the nomination of the applicant.

Signature of current member (second)

Date

The CCA Office can assist you with the nomination section of the form as we understand that you may not be familiar with or have access to current CCA members.

Return the completed Application Form to the CCA via post, fax or email.
An invoice will be sent to you upon approval of your membership by the CCA Board.