

Tasmanian Farmers & Graziers Association

ABN 69 646 967 202



APPLICATION FOR STUDENT MEMBERSHIP

Name: _____

Residential Address: _____

Town/Suburb: _____ Post Code: _____

Postal Address: _____

Town/Suburb: _____ Post Code: _____
(If Postal Address is the same as Residential Address write "AS ABOVE")

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax: _____

Email Address: _____

Grade: _____ Name of School/Institution: _____

Course Name (if applicable): _____

Preferred method of receiving communications: Mail Fax Email (please tick one)

IMPORTANT NOTE

Please read the following information before signing this Application for Student Membership:

The Tasmanian Farmers & Graziers Association (TFGA) is a non-profit company limited by guarantee. On the winding up of the company members liability is limited to \$10 per membership.

By signing this Application for Student Membership, the member agrees, if admitted to membership, to be bound by the TFGA Articles of Association and any by-laws or regulations made under the Articles. This includes the requirement for the person or business admitted as a student member to pay a subscription as determined under these Articles.

A student member may attend and observe the proceedings at a general meeting but has no right to vote. A student member is not eligible for appointment to the Board or Commodity Councils. A student member is entitled to benefits as determined by the Board from time to time.

The TFGA collects the information on this form in order to satisfy the requirements of the Articles of Association and to enable it to better provide representation, leadership and services to members. Some of the information collected is personal and the TFGA has processes in place regarding the protection and use of personal information. By signing this Application for Student Membership, the member agrees to accept the terms and conditions contained in the TFGA's Privacy Policy, as amended from time to time. A copy of the Privacy Policy is available from the TFGA office or the TFGA website.

I declare I am undertaking secondary, post secondary or tertiary studies on a full-time basis and that, if admitted, I will pay the subscription for student membership as determined under the TFGA Articles of Association.

MEMBER'S SIGNATURE

Signature: _____ Name: _____
(Insert full name)

Date: _____