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AUSVEG LTD

ACN 107 507 559

APPLICATION FOR LEVY PAYING GROWER MEMBERSHIP

I,[INSERT NAME]

of.....[INSERT ADDRESS]

do hereby submit myself to be considered for Levy Paying Grower Membership of AUSVEG LTD.

I understand that a person is eligible for admission as a Levy Paying Grower Member if that person is a director, principal, partner, trustee, or controlling shareholder of an Enterprise (whether or not that Enterprise acts as a trustee) that is required to pay a Levy because of its involvement in the Australian Vegetable and Potato Industry, and I confirm that I meet these requirements.

Signed.....[APPLICANT'S SIGNATURE]

Signatory's name (BLOCK LETTERS):

Date

Please email completed form to: info@ausveg.com.au