

**MACALISTER RESEARCH FARM
CO-OPERATIVE LIMITED
PO Box 87, MAFFRA VIC 3860**

Application for Membership

Surname:

First Name(s):

If a company, please provide full names of all partners:

.....

Occupation:

Postal Address:

.....

1. I hereby apply to be admitted as a member of the Macalister Research Farm Co-operative Limited, and to be allocated 50 shares (50-cent shares) therein.

2. If this application is approved and the shares as aforesaid are allocated to me, I agree to pay all charges required by the Society. I agree to be bound by the rules of the Society and by the amendments thereof registered in accordance with the Co-operatives Act 1996 (Vic.)

3. I am over the age of twenty one years,
or
I am under the age of twenty one years, having been born on

Dated this day of 20....

Signature of Applicant:

Signature of Witness:

*(Please complete the above form and forward it, together with a cheque for \$25 to:
The Secretary, Macalister Demonstration Farm,
Reply Paid No.87, MAFFRA Vic 3860 (no stamp needed))*