

APPENDIX 1

APPLICATION FOR MEMBERSHIP OR ASSOCIATE MEMBERSHIP OF THE AUSTRALIAN GRAIN HARVESTERS ASSOCIATION INCORPORATED

I, (full name of applicant) \_\_\_\_\_

Of (full address) \_\_\_\_\_

Occupation: \_\_\_\_\_

Hereby apply to become a member / Associate member of the above-named Association. In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

HARVESTERS:

Year	Model	Front	Year	Model	Front

I, \_\_\_\_\_ a member of the \_\_\_\_\_ Branch of the Association:

Membership No \_\_\_\_\_ **Nominate** the applicant, who is personally known to me, for

Membership / Associate membership to the Association.

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

\* Reference: \_\_\_\_\_ of (address) \_\_\_\_\_  
\_\_\_\_\_ Contact details.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill in the nomination or reference section above & post with your cheque of \$400 to:  
**AGHA Secretary, PO Box 344. Cowra. 2794.**