

MEMBERSHIP APPLICATION



CANEGROWERS

MACKAY CANEGROWERS LIMITED TRADING AS: CANEGROWERS MACKAY
 ABN 24 111 817 559
 PO Box 117 MACKAY QLD 4740
 T: 07 4944 2600 | F: 07 4944 2611
 E: mackay@canegrowers.com.au

QUEENSLAND CANE GROWERS ORGANISATION LTD
 ABN 94 089 992 969
 GPO Box 1032 BRISBANE QLD 4001
 T: 3864 6444 | F: 3864 6429 | enquiry@canegrowers.com.au

PROPERTY (ASSIGNMENT/CPA DETAILS)	
CANE SUPPLY NAME (AS PER ABN):	
ABN:	

APPLICANT/S			
AUTHORISED REPRESENTATIVE (VOTING REP/ PRIMARY CONTACT)		(FOR ADDITIONAL PEOPLE SEE FORM 'C')	
GIVEN NAMES: (inc Title)		PREFERRED NAME:	
SURNAME:		DOB:	

APPLICANT CONTACT							
RESIDENTIAL ADDRESS				MAILING ADDRESS			
ADDRESS 1:				ADDRESS 1:			
ADDRESS 2:				ADDRESS 2:			
SUBURB:				SUBURB:			
STATE:		P/C		STATE:		P/C	
HOME PHONE:				WORK PHONE:			
MOBILE:				FAX:			
EMAIL:							
SOCIAL NETWORKS:	Facebook: _____ Linked In: _____			Twitter: _____ Other: _____			

APPLICANT DETAILS			
ACTIVITY:	<input type="checkbox"/> New applicant <input type="checkbox"/> Existing member applying for new farm <input type="checkbox"/> Existing member change in trading name If Change in Name - Previous Name/s _____	CROP INSURANCE:	<input checked="" type="checkbox"/> I qualify for automatic insurance renewal <input type="checkbox"/> I do not qualify (please attach application) <i>Refer Overleaf: Section 8 - Insurance</i>
PREVIOUS FARM MEMBERSHIP:	<input type="checkbox"/> Acquiring farm from a non-member <input type="checkbox"/> Acquiring farm from a member Previous Member's Name/s _____	CANEPOL INSURANCE:	Do you have Canepol Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Member No.: _____ Insurance Co.: _____
BARGAINING AGENT:	I hereby appoint the local company as the grower/s exclusive bargaining agent. <i>Refer Overleaf: Section 7 – Bargaining Agent Appointment</i>	CERTIFICATIONS: (eg AusChem expires 18/09/22)	<input type="checkbox"/> _____ Expiry Date: _____ <input type="checkbox"/> _____ Expiry Date: _____ <input type="checkbox"/> _____ Expiry Date: _____ <input type="checkbox"/> _____ Expiry Date: _____

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FORM B (FARMS)

CANE SUPPLY NAME
(As per ABN)

MILL SUPPLIED

FARM DETAILS

FARM NO:		<u>REAL PROPERTY DESCRIPTION:</u> (Lot on Plan – available on Supply Contract or Rates Notice)
AREA UNDER CANE:		
TOTAL AREA:		

FARM DETAILS

FARM NO:		<u>REAL PROPERTY DESCRIPTION:</u> (Lot on Plan – available on Supply Contract or Rates Notice)
AREA UNDER CANE:		
TOTAL AREA:		

FARM DETAILS

FARM NO:		<u>REAL PROPERTY DESCRIPTION:</u> (Lot on Plan – available on Supply Contract or Rates Notice)
AREA UNDER CANE:		
TOTAL AREA:		

FARM DETAILS

FARM NO:		<u>REAL PROPERTY DESCRIPTION:</u> (Lot on Plan – available on Supply Contract or Rates Notice)
AREA UNDER CANE:		
TOTAL AREA:		

FARM DETAILS

FARM NO:		<u>REAL PROPERTY DESCRIPTION:</u> (Lot on Plan – available on Supply Contract or Rates Notice)
AREA UNDER CANE:		
TOTAL AREA:		

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FORM C (ADDITIONAL PEOPLE)

CANE SUPPLY NAME
 (As per ABN)

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DETAILS OF ADDITIONAL PEOPLE

GIVEN NAMES: (inc Title)		ADDRESS 1:	
PREFERRED NAME:	DOB:	ADDRESS 2:	
SURNAME:		SUBURB:	
HOME PHONE:		POST CODE:	
WORK PHONE:		EMAIL:	
MOBILE:		SOCIAL NETWORKS:	Facebook: _____
FAX:			Linked In: _____
			Twitter: _____
			Other: _____
CERTIFICATIONS: (eg AusChem expires 18/09/15)	<input type="checkbox"/> _____ Expiry Date: _____	CERTIFICATIONS: (eg AusChem expires 18/09/15)	<input type="checkbox"/> _____ Expiry Date: _____
	<input type="checkbox"/> _____ Expiry Date: _____		<input type="checkbox"/> _____ Expiry Date: _____

DETAILS OF ADDITIONAL PEOPLE

GIVEN NAMES: (inc Title)		ADDRESS 1:	
PREFERRED NAME:	DOB:	ADDRESS 2:	
SURNAME:		SUBURB:	
HOME PHONE:		POST CODE:	
WORK PHONE:		EMAIL:	
MOBILE:		SOCIAL NETWORKS:	Facebook: _____
FAX:			Linked In: _____
			Twitter: _____
			Other: _____
CERTIFICATIONS: (eg AusChem expires 18/09/15)	<input type="checkbox"/> _____ Expiry Date: _____	CERTIFICATIONS: (eg AusChem expires 18/09/15)	<input type="checkbox"/> _____ Expiry Date: _____
	<input type="checkbox"/> _____ Expiry Date: _____		<input type="checkbox"/> _____ Expiry Date: _____

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AUTHORISATION

IMPORTANT NOTE: PLEASE READ THE FOLLOWING INFORMATION BEFORE SIGNING THE APPLICATION.

1. **AUTHORISATION**
I/we are duly authorised to provide this authority for and on behalf of the growers listed above.
2. **APPLICATION FOR MEMBERSHIP**
I/we apply to become a member of both Queensland Cane Growers Organisation Ltd and the local CANEGROWERS organisation ("the Companies") and accept and agree to be bound by the relevant Companies' Constitutions.
3. **AUTHORITY TO DEDUCT**
I/we hereby irrevocably and unconditionally authorise, request and direct the relevant Mill owner to, deduct monies from my/our cane payments or proceeds, including any applicable GST, membership fees and charges as advised and directed from time to time by the local CANEGROWERS organisation and pay them to Queensland Cane Growers Organisation Ltd or as directed from time to time by the local CANEGROWERS organisation.

This Irrevocable Deduction Authority shall be irrevocable without the written agreement of both the grower(s) listed above, or the authorised person, and the local CANEGROWERS organisation to amend or cancel the authority. Without such written agreement to amend this authority, the relevant Mill owner shall have the right to continue to deduct the authorised monies for my/our cane payments or proceeds and remit them to Queensland Cane Growers Organisation Ltd.

The grower(s) listed above and the local CANEGROWERS organisation identified on this application form hereby indemnifies the relevant Mill owner against any losses and claims arising out of this authority.
4. **AUTHORITY TO DISCLOSE**
I/we authorise the mill to disclose membership and production information to the Companies from time to time as required by the Companies.
5. **COLLECTION AND USE OF PERSONAL AND PRODUCTIVITY INFORMATION**
The Companies may collect and use the personal information on this form for the purposes of processing the Application for Membership, and communicating with you on issues relevant to your membership of the Companies. The Companies may disclose your information or obtain information including productivity information about you from organisations including, but not limited to the Mill, SRA and CANEGROWERS for the purposes of administering your membership, the payment of membership fees and charges and the provision of services and benefits to members. If you do not provide these details, the Companies may be unable to process your Membership Application. Please contact the Companies if your details change at any time or if you wish to access copies of the personal information held about you by the Companies. *"CANEGROWERS collects the information on this form in order to allow us to better provide representation, leadership and services and promote unity in the interests of our members. Refer to the CANEGROWERS Privacy Notice for details on access and disclosure policy."*
6. **APPLICATION & RESCISSION**
This Authority applies to the grower/s and relates to all and any cane growing property held by them from time to time for supply to relevant mills in Queensland and shall continue unless rescinded in accordance with membership conditions stated in the Companies' constitutions. In particular I acknowledge that this authority continues until the end of the season in which the membership is rescinded.
7. **BARGAINING AGENT APPOINTMENT**
The grower/s appoint the local company as the grower/s exclusive bargaining agent for the purposes of the Sugar Industry Act 1999 relating to the supply of cane by the grower/s to the relevant Mill. The grower/s authorise/s the company to represent the grower/s in all matters arising under the cane supply contract and/or relating to the grower/s supply of cane to the relevant Mill. If the grower/s does not wish to appoint the local company as the bargaining agent, they must strike out the section on the Membership Application form and sign and date the revision.
8. **CROP INSURANCE**
Part year insurance for new members is subject to conditions and you should complete a separate insurance application form. If you have purchased a farm from a CANEGROWERS member in the past 12 months you may qualify for the transfer of insurable rights. Insurance for CANEGROWERS members is automatic on renewal of membership and does not require a separate application.
9. **ADDITIONAL IMPORTANT INFORMATION**
I/we understand that my/our membership starts when the Boards of the Queensland Cane Growers Organisation Ltd (QCGO) and the local CANEGROWERS company approves my nomination. The commencement date of membership will be advised in a letter of acceptance from QCGO Ltd. The Companies' Boards have the right to refuse an application for membership. I will receive notification in writing within 30 days of acceptance of the application and of entry in the Register of Members.

AUTHORISATION

I /WE HEREBY AGREE TO ACCEPT THE COMPANIES' CONSTITUTION AND TERMS OF MEMBERSHIP

<input type="text"/>	<input type="text"/>	<input type="text"/>
PRINT FULL NAME CLEARLY	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PRINT FULL NAME CLEARLY	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PRINT FULL NAME CLEARLY	SIGNATURE	DATE

OFFICE USE ONLY

Entered on Local Company Database on	<input type="text"/>	Deduction & Payment Authority Signed & Attached	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Membership Application Approved by Local Company on	<input type="text"/>	If after Mill Start Date Back Payment Arranged with Mill	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO