Annual Member Statement 2017/18



Levy Payer/Company Name:				
Address:				
Contact Name:				
ABN:				
Phone:				
E-mail:				
Mobile:				
DECLARATION (as per Rule 6.2	2 of the Australian	Eggs Limited Co	onstitution)	
of the following address,				
declare that I represent an Au 2017, the total number of layi human consumption <u>owned b</u>	stralian egg produo ng hens over 18 we Y	cer and levy pay eeks of age for t	the purpose of egg production for	
	(insert Levy Payer/Company			
was(insert number)	. I acknowledge th	nat a random au	udit may be conducted to confirm	
the above hen numbers at any As per Rule 6.2 (a) iv of the AE Australian Eggs Limited declar	CL Constitution, I a	igree to be boui	•	
(signature of Levy Payer/Company represent	ative)	(signature of witn	nature of witness)	
(title/position of Levy Payer/Company representative)			(name of witness)	
(name of Levy Payer/Company)			(date)	
Please tick all boxes that apply to your egg bu	ısiness:			
Cage production	Barn-Laid p	roduction	Free Range production	
Organic production	Pullet Rear	ing	Grading/Packing continued over page	

Please return your completed Annual Member Statement by the Return Date...

by mail to: Company Secretary

Australian Eggs Limited Suite 4.02, Level 4 107 Mount Street

North Sydney NSW 2060

or by e-mail to: contacts@australianeggs.org.au

or by fax to: 02 9954 3133 (within Australia)

NOTE: All new member applications are required to be ratified by the Australian Eggs

Limited Board, as per Rule 6.3 of the Australian Eggs Limited Constitution.

RETURN DATE

30 SEPTEMBER 2017