

Annual Member Registration Form 2018/19

Levy Payer/Company Name	
Address	
Contact Name	
ABN	
Phone	
Mobile	
E-mail	
DECLARATION as per Rule 6.2 of the Australian Egg	rs Constitution:
Dec nation as per naic 6.2 of the mastralian 266	3 constitution.
l,(print name)	of the following address,
declare that I represent an Australian egg producer 2018, the total number of laying hens over 18 week human consumption <u>owned by</u>	and levy payer. I certify that as at 30 June as of age for the purpose of egg production for
(i	insert Levy Payer/Company
was I acknowledge that the above hen numbers at any time as per Rule 6.7	a random audit may be conducted to confirm of the Australian Eggs Constitution. I agree to
be bound by the Australian Eggs Constitution. I sind	cerely declare that the above information is
true and correct.	
[Note: where persons applying to be a member comprise a partnership, a regpartners on behalf of all partners. Where a body corporate is applying to be registration form.]	
(signature of Levy Payer/Company representative)	(signature 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 business:

Continued, see page over...

Cage producti	on	Barn-Laid production	n	Free Range production
Organic produ	ıction	Pullet Rearing		Grading/Packing
Please return you August 2018.	ur completed <i>A</i>	Annual Member registra	tion form	by the Return Date, being 31
by mail to:	Company Secretary Australian Eggs Limited Suite 602, Level 6, 132 Arthur Street North Sydney NSW 2060			
or by e-mail to:	contacts@aus	tralianeggs.org.au		
or by fax to:	02 9954 3133	(within Australia)		

Please note that all member registration forms must be approved by the Australian Eggs Board, as per Rule 6.3 of the Australian Eggs Constitution.

RETURN DATE

31 August 2018