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## APPLICATION FULL / ASSOCIATE MEMBERSHIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

hereby apply for Full / Associate membership. (please circle)

**a) In the case of an incorporated or unincorporated body:**

The names, addresses, telephone and email addresses of our Committee/Board of Management and offices held are as follows: (attach sheet if insufficient space):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BSN:

ACC. NO:

**Our public officer/secretary is:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

