



Tobacco & Associated Farmers Co-operative Limited
APPLICATION FOR MEMBERSHIP (including additional shares)

Surname _____

Other names _____

(Where applicant is a nominee for a Company, Partnership or Trust Please complete declaration on reverse)

Occupation _____

Postal address _____

Email address _____

Telephone: _____ Mobile _____

I hereby apply –

(a) to be admitted as a member of the Tobacco & Associated Farmers Co-operative Limited and to be allotted a minimum of 250 shares therein:

or

(b) to be allotted _____ shares in the Tobacco & Associated Farmers Co-operative Ltd and in respect of such application I lodge herewith/undertake to lodge in accordance with the rules the sum of

\$ _____ which sum is made up as follows:

Entrance fee \$ nil

Paid up share capital \$ _____

*Please debit my TAFCO account for share purchase *Cheque attached

I am over the age of eighteen years

or

I am under the age of eighteen years having been born on _____ (insert date of birth).

If this application be approved and the shares as aforesaid be allotted to me I agree to pay outstanding share capital in accordance with section 121 of the *Co-operatives National Law (Victoria)* and I agree to be bound by the rules of the co-operative and by any alterations thereof registered in accordance with the abovenamed Act. Rules can be downloaded from www.tafco.com.au

Applicant signature _____ Date _____

Witness name and signature _____

Note. Pursuant to section 120(1) of the *Co-operatives National Law (Victoria)*, no rights of membership shall be exercised until the member has made such payments or acquired such share or interest as specified in the rules in that behalf.

Tobacco & Associated Farmers Co-operative Limited

ABN: 13 065 910 642
P.O. Box 277 MYRTLEFORD. 3737
Ph: 03 57521800
www.tafoo.com.au

Declaration in accordance with the section 115(1) of the *Co-operatives National Law (Victoria)*

In the event of the applicant being a nominee of an entity such as a Partnership, Company, Estate, Trust or Body Corporate:

Name of such Company, Partnership or Trust:

.....

Registered Address:

.....

Postal Address:

.....

Signature of Applicant:

Office use only:

Date Received **Received by:**.....

Date to Board: **No. of Shares:**

Share Register Reference:

Mailed.....

Please return form with payment to TAFCO Rural Supplies

Or send to The Secretary, TAFCO, P.O. Box 277, Myrtleford. Vic. 3737.