

MEMBERSHIP APPLICATION



CANEGROWERS

CANEGROWERS Burdekin Limited
 ABN 43 114 632 325
 PO Box 933, AYR QLD 4807
 T: 4790 3600 | F: 4783 4914 | bdk@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 | info@canegrowers.com.au

MEMBERSHIP NUMBER

REGISTERED BUSINESS NAME FOR PROPERTY (Assignment/CPA Details)

CANE SUPPLY NAME (AS PER ABN):	
ABN:	

APPLICANT – AUTHORISED REPRESENTATIVE (* Compulsory Fields)


**THIS PERSON IS THE NOMINATED VOTER AND THE ONLY PERSON WITH VOTING RIGHTS.
 (TO INCLUDE ADDITIONAL PEOPLE TO THE MEMBERSHIP, SEE FORM 'C')**

* GIVEN NAME/S: (Including Title)		* PREFERRED NAME (Known As):	
* SURNAME:		* DOB:	

APPLICANT CONTACT DETAILS (* Compulsory Fields)

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: <input type="checkbox"/>	LinkedIn: <input type="checkbox"/>	Twitter: <input type="checkbox"/>	Other: _____			

APPLICANT DETAILS

ACTIVITY:	<input type="checkbox"/> New applicant <input type="checkbox"/> Existing member adding new farm <input type="checkbox"/> Existing member change in trading name If Change in Name - Previous Name/s _____	BARGAINING AGENT:	I hereby appoint the local company as the grower/s exclusive bargaining agent. <i>Refer Overleaf: Section 6 – Bargaining Agent Appointment</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 _____	GENERAL INSURANCE AND FARMPACK:	Are you a CANEGROWERS Insurance client? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like one of our insurance brokers to contact you for a free review and quotes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Smartcane BMP: 	Are you benchmarked? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you Accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes date of accreditation: _____	CROP INSURANCE:	<input type="checkbox"/> New Member <i>(For part year crop insurance, an interim insurance cover application is required.)</i> <input type="checkbox"/> Transfer of membership <i>(You automatically qualify for crop insurance.)</i> <i>Refer Overleaf: Section 7 – Insurance</i>

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FORM B (FARMS)

CANE SUPPLY NAME (As per ABN)	
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MILL SUPPLIED	
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FARM DETAILS (* Compulsory Fields)

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

FARM DETAILS (* Compulsory Fields)

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

FARM DETAILS (* Compulsory Fields)

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

FARM DETAILS (* Compulsory Fields)

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

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FORM C (ADDITIONAL PEOPLE)

CANE SUPPLY NAME (As per ABN)	
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DETAILS OF ADDITIONAL PEOPLE (* Compulsory Fields)					
* GIVEN NAME/S: (Including Title)		* SURNAME:			
* PREFERRED NAME (Known As):		* DOB:	* RELATIONSHIP TO AUTHORISED REPRESENTATIVE:		
* ADDRESS:					
* SUBURB:		* STATE:		* POST CODE:	
* HOME PHONE:		* WORK PHONE:			
* MOBILE:		FAX:			
* EMAIL:					
SOCIAL NETWORKS:	Facebook: <input type="checkbox"/>	LinkedIn: <input type="checkbox"/>	Twitter: <input type="checkbox"/>	Other: _____	

DETAILS OF ADDITIONAL PEOPLE (* Compulsory Fields)					
* GIVEN NAME/S: (Including Title)		* SURNAME:			
* PREFERRED NAME (Known As):		* DOB:	* RELATIONSHIP TO AUTHORISED REPRESENTATIVE:		
* ADDRESS:					
* SUBURB:		* STATE:		* POST CODE:	
* HOME PHONE:		* WORK PHONE:			
* MOBILE:		FAX:			
* EMAIL:					
SOCIAL NETWORKS:	Facebook: <input type="checkbox"/>	LinkedIn: <input type="checkbox"/>	Twitter: <input type="checkbox"/>	Other: _____	

DETAILS OF ADDITIONAL PEOPLE (* Compulsory Fields)					
* GIVEN NAME/S: (Including Title)		* SURNAME:			
* PREFERRED NAME (Known As):		* DOB:	* RELATIONSHIP TO AUTHORISED REPRESENTATIVE:		
* ADDRESS:					
* SUBURB:		* STATE:		* POST CODE:	
* HOME PHONE:		* WORK PHONE:			
* MOBILE:		FAX:			
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SOCIAL NETWORKS:	Facebook: <input type="checkbox"/>	LinkedIn: <input type="checkbox"/>	Twitter: <input type="checkbox"/>	Other: _____	

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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 (CANEGROWERS) and accept and agree to be bound by the relevant CANEGROWERS 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.

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 CANEGROWERS' constitutions. In particular I/we acknowledge that this authority continues until the end of the season in which the membership is rescinded.

4. AUTHORITY TO DISCLOSE

I/we authorise the mill to disclose membership and production information to CANEGROWERS from time to time as required by CANEGROWERS.

5. COLLECTION AND USE OF PERSONAL AND PRODUCTIVITY INFORMATION

CANEGROWERS may collect and use the personal information for the purposes of processing the Application for Membership, and communicating with you on issues relevant to your membership of CANEGROWERS. CANEGROWERS may disclose your information or obtain information including productivity information about you from organisations including, but not limited to the Mill and SRA 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, CANEGROWERS may be unable to process your Membership Application. Please contact CANEGROWERS if your details change at any time or if you wish to access copies of the personal information held about you by CANEGROWERS. "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. BARGAINING AGENT APPOINTMENT

The grower/s appoint the local CANEGROWERS organisation as the grower/s exclusive bargaining agent for the purposes of the Sugar Industry Act 1999 and Commonwealth Sugar Code of Conduct 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 CANEGROWERS organisation as the bargaining agent, they must strike out the section on the Membership Application form and sign and date the revision.**

7. CROP INSURANCE

If you have purchased a farm from a CANEGROWERS member in the past 12 months you may qualify for the transfer of insurable rights. Part-year crop insurance for new members is subject to conditions and you should complete a separate insurance application form for interim cover. On renewal of membership crop insurance is automatic for CANEGROWERS members and does not require a separate application.

8. 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. CANEGROWERS' 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.

AUTHORISED REPRESENTATIVE OF MEMBERSHIP

I HEREBY AGREE TO ACCEPT CANEGROWERS CONSTITUTION AND TERMS OF MEMBERSHIP

PRINT FULL NAME CLEARLY

SIGNATURE

DATE

OFFICE USE ONLY

Entered by District Office into CRM on:		Membership application scanned and saved into CRM on:			
Membership application Approved by Local Company on:		Deduction & Payment Authority Signed	YES	NO	
Membership application Approved by QCGO Ltd on:		If after Mill Start Date Back Payment Arranged with Mill	YES	NO	