

# Commercial Membership Application



I/we apply for membership of SRS Genetics as a Commercial Member as a  
 Company  Individual

## Part [A] Membership Information

Membership Name: (Name Membership is to be recorded as)

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Mr Mrs Miss Ms Other  
Company Name/Trading Name: \_\_\_\_\_

ABN: \_\_\_\_\_ Website/Social Media Handles \_\_\_\_\_

## Part [B] Contact Details

Property Address:

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ PIC Number: \_\_\_\_\_

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)

Postal Address:

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### PRIMARY MEMBERSHIP CONTACT

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

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

### SECONDARY MEMBERSHIP CONTACT

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

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

## Part [C] Flock information

SRS Genetics offers Commercial Members the opportunity to participate in an SRS Merino Certification Program that involves the collection of further information and an on-farm independent auditing component. Successful participation in this program allows for the Commercial Member to purchase unique SRS Identification tags to identify the sheep meet SRS Genetic standards.

Do you wish to participate?

Yes  No

If you have selected yes, an SRS Representative will be in touch to discuss further and aid in undertaking the certification process.

Do you currently undertake any third-party auditing for example RWS, ZQ or Nativa?

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## Part [D] Payment Information

Membership Fees

< 1000 ewes, \$400 +GST

> 1000 ewes, \$600 +GST

### PAYMENT IS TO BE MADE VIA DIRECT DEPOSIT

Account Name: SRS Genetics

BSB: 062 600

Account Number: 108 166 45

Please supply proof of payment with application. Please use your SURNAME as the description of payment in your banking system.

## Part [E] Statutory Declaration

I/We apply for membership to SRS Genetics and agree to abide by the SRS Constitution and Rules (available on website).

I/We certify that the details recorded on this form are true and correct and that I/we have the appropriate authority to sign this application.

Signature: (must be the applicants signature)

Date:

When the form is completed please save it on your machine and either hit the submit button below or send the form as an attachment to the email address below with proof of payment. Or return to the Stud Member who referred you for membership.

*For Internal Use Only.*

**Referring Stud Identifier**

Number:

Signature:

**SRS Genetics Receipt**

Received By:

Date:

**Date of Entry to Database**

**Assigned Producer Identifier**