



APPLICATION FOR TFCA MEMBERSHIP

SURNAME:

GIVEN NAMES:

TRADING NAME:

ABN NUMBER:

POSTAL ADDRESS:

..... POSTCODE:

Office Telephone:

Home Telephone:

Mobile:

Office Facsimile:

Email:

Office Staff:

.....

MEMBERSHIP CLASS

(Please mark the appropriate box)

Logging & Transport Contractor

General Forestry Contractor

MEMBERSHIP LEVY CATEGORY

Forest Contractor Base	q	Forest Contractor 1	q
Forest Contractor 2	q	Forest Contractor 3	q
Forest Contractor 4	q	Forest Contractor 5	q
Forest Contractor 6	q	Forest Contractor 7	q

CONTRACTUAL PARTNERS

Please list the companies whom you work for:

Company Name	Sawlogs	Pulpwood	Hectares
a.			
b.			
c.			

Base Quota _____ per annum

EQUIPMENT:

Please list your principal equipment items.

- a.
- b.
- c.
- d.
- e.

Please list your principal transport equipment items.

- a.
- b.
- c.
- d.

NUMBER OF STAFF EMPLOYED:

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OTHER INFORMATION:

Please state any other information you think is applicable to your application.

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ACKNOWLEDGMENT

The following is acknowledged:

- a) Membership of the TFCA is confirmed by the Board of Management – This form is an application for membership only and does not confer membership;
- b) The TFCA is a Limited Company governed by Memorandum and Articles of Association and is registered with the Officer of Corporate Affairs;
- c) If the Membership application is approved, and where the applicant chooses the annual subscription method of payment, the new member agrees to pay the first three (3) months membership in advance.

Alternatively, direct bank credit monthly options are available with TFCA account details attached.

Signature of applicant:

Date: