

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 | enquiry@canegrowers.com.au

PROPERTY (ASSI	GNM	ENT/CPA DETAILS)						
CANE SUPPLY NAME (AS PER ABN):								
ABN:								
APPLICANT/S								
AUTHORISED REF	PRES	SENTATIVE (VOTING REP/ PRIMARY CONTACT)		(FOR ADDI	TIONAL PEOPLE SEE FORM 'C')			
GIVEN NAMES:			PRE NAM	FERRED ME:				
SURNAME:			DOE	3:				
ARRI IOANIT CONT								
APPLICANT CONT			MΔI	LING				
RESIDENTIAL ADI	DRES	SS	ADDRESS					
ADDRESS 1:			ADDRESS 1:					
ADDRESS 2:			ADDRESS 2:					
SUBURB:			SUBURB:					
STATE:		P/C		TE:	P/C			
	HOME PHONE:		WORK PHONE:					
MOBILE:			FAX	:				
EMAIL:	_							
		ebook: ked In:	Twitter:					
TILL TWO TURE.	LIIIN	eu III	Other:					
APPLICANT DETA	II S							
ACTIVITY:		New applicant		BARGAINING	I have by appoint the local company on the			
7.011711		☐ Existing member applying for new farm☐ Existing member change in trading name		AGENT:	I hereby appoint the local company as the grower/s exclusive bargaining agent.			
		If Change in Name - Previous Name/s			Refer Overleaf: Section 7 – Bargaining Agent Appointment			
PREVIOUS FARM		Acquiring farm from a non-member	•	CROP	☐ I qualify for automatic insurance renewal			
MEMBERSHIP:		☐ Acquiring farm from a member		INSURANCE:	☐ I do not qualify (please attach application)			
		Previous Member's Name/s			Refer Overleaf: Section 8 - Insurance			
CERTIFICATIONS:]		CANEPOL	Do you have Canepol Insurance?			
(eg AusChem expires 18/09/13)	E	Expiry Date:		INSURANCE:	□ Yes □ No			
1					If Yes Member No.:			
	F	xpiry Date:			Insurance Co.:			
]		RAVENSDOWN:	☐ Yes ☐ No			
	Expiry Date:				If Yes			
]			Member No.:			
	F	xpiry Date:						



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FORM B (FARMS)

DEAL PROPERTY DECORPORATION
REAL PROPERTY DESCRIPTION:
REAL PROPERTY DESCRIPTION:
REAL PROPERTY DESCRIPTION:
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REAL PROPERTY DESCRIPTION:



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FORM C (ADDITIONAL PEOPLE)							
CANE SUPPLY NAME (As per ABN)							
DETAILS OF ADDITIONAL F	REORI E						
GIVEN NAMES:	PEOPLE	ADDRESS 1:					
PREFFERED NAME:	DOB:	ADDRESS 2:					
SURNAME:	,	SUBURB:					
HOME PHONE:		POST CODE:					
WORK PHONE:		EMAIL:					
MOBILE:		SOCIAL NETWORKS:	Facebook:				
FAX:			Twitter:Other:				
		·					
GIVEN NAMES:	PEOPLE	ADDRESS 1:					
PREFFERED NAME:	DOB:	ADDRESS 2:					
SURNAME:		SUBURB:					
HOME PHONE:		POST CODE:					
WORK PHONE:		EMAIL:					
MOBILE:		SOCIAL NETWORKS:	Facebook:Linked In:				
FAX:			Twitter:Other:				
DETAILS OF ADDITIONAL F	DEODI E	1					
GIVEN NAMES:	LOILL	ADDRESS 1:					
PREFFERED NAME:	DOB:	ADDRESS 2:					
SURNAME:	,	SUBURB:					
HOME PHONE:		POST CODE:					
WORK PHONE:		EMAIL:					
MOBILE:		SOCIAL NETWORKS:	Facebook:				

Linked In: _

Twitter: 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 ("the Companies") and accept and agree to be bound by the relevant Companies' 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.

4. AUTHORITY TO DISCLOSE

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

5. COLLECTION AND USE OF PERSONAL AND PRODUCTIVITY INFORMATION

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

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

7. BARGAINING AGENT APPOINTMENT

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

8. CROP INSURANCE

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

9. 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. The Companies' 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.

AUTHORISATION		
I /WE HEREBY AGREE TO ACCEPT THE COMPANIES' CONSTITU	UTION AND TERMS OF MEMBERSHIP	
PRINT FULL NAME CLEARLY	SIGNATURE	DATE
PRINT FULL NAME CLEARLY	SIGNATURE	DATE

OFFICE USE ONLY								
Entered on Local Company Database on		Deduction & Payment Authority Signed & Attached		YES		NO		
Membership Application Approved by Local Company on		If after Mill Start Date Back Payment Arranged with Mill		YES		NO		