FOOD INTEGRITY GROUP CO-OPERATIVE LIMITED

Application for Membership

Name of Applicant/s:					
Full address/postcode:					
Phone 1):			Phone 2):		
Email:					
Occupation:					
I hereby apply to be admit	ted as a membe	r of the above-n	amed co-operative.		
In respect of such applicat	ion I undertake t	o lodge, in acco	rdance with the rule:	s*, the sum specif	fied below:
a) Joining Fee o	of \$10.00 (t	his is payable by	everyone joining fo	or the first time)	PLUS
	-		ssion and pro rata di you join until the foll		ription runs
Volunteering	\$30.00	or co	or conc/pro rata (write in amount):		
No volunteering	\$80.00	or co	or conc/pro rata (write in amount):		
Amount due to the F.I.G.	Co-operative Lir	nited: \$		_ , made up of a)	& b) above.
If this application is approto to me, and I agree to be be accordance with the Co-op	ound by the rule	s of the co-oper			
I am over/under the age o	f eighteen years	. (Strike out the wo	d that does not apply)		
If under the age of eighteen y	years, please speci	fy date of birth:	Day Month _	Year	
I heard about the FIG Co-c	op via:				
Date of joining:	Day N	Month	Year		
Signature of Applicant:					
Signature of Witness: (may be witnessed at the co-op) Name of Witness:					

Updated 28th January 2017

* Model rules can be viewed at the co-op or emailed upon request. They are also on the FIG website.

** Refer to schedule at the co-op or see http://www.fig.org.au/order-a-box/how-to-join/