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APPLICATION FULL / ASSOCIATE MEMBERSHIP

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

hereby apply for Full / Associate membership. (please circle)

a) In the case of an incorporated or unincorporated body:

The names, addresses, telephone and email addresses of our Committee/Board of Management and offices held are as follows: (attach sheet if insufficient space):

BSN:

ACC. NO:

Our public officer/secretary is:

Name: _____

Address: _____

Phone: _____

Email: _____

