



Graincare Registration Form

Graincare Australia P/L
ABN 15 123 221 812

87 Shell Road
OCEAN GROVE VIC 3226
Ph: (03) 5255 2270
Fax: (03) 5256 2030
Email: oaksford@westnet.com.au

1 ORGANISATION DETAILS		Graincare Registration Number GC
REGISTERED BUSINESS NAME _____		
ADDRESS _____ _____ POSTCODE: _____		
TELEPHONE () _____ FACSIMILE () _____ EMAIL: _____ ABN: _____		
PROPERTY NAMES		
1 _____	2 _____	3 _____

2 PRINCIPAL CONTACT (Manager/Owner)			
MR/ MRS/ MS _____	FIRST NAME _____	MIDDLE INITIAL _____	SURNAME _____
ADDRESS _____ _____ POSTCODE: _____			SIGNATURE _____
TELEPHONE () _____	FACSIMILE () _____	DATE OF BIRTH: _____	
MOBILE _____	EMAIL ADDRESS: _____		

3 AUTHORISED REPRESENTATIVES (if different from Principal Contact)		4 Is your organisation currently accredited with either of the following programs? Please circle the appropriate program/s CATTLECARE/Flockcare
Note: All Authorised Representatives must be employed by the above organisation.		
AUTHORISED REPRESENTATIVE'S NAME (Please print name in full)	AUTHORISED REPRESENTATIVE'S SIGNATURE	Accreditation no.: _____

5 REGISTRATION FEE 2008 (single year)	ALL PRICES INCLUDE G.S.T.
Fee (1 year period) \$ 88.00	includes full <i>Graincare</i> Manual
Cattlecare/Flockcare only \$ 66.00	includes Grain Module of <i>Graincare</i>
Payment by: Cheque / MoneyOrder / Credit Card	Please make cheques payable to: Graincare Australia P/L Forward application and payment to: Graincare Australia P/L 87 Shell Road OCEAN GROVE VIC 3226
Note: Payment of the Registration Fee will constitute agreement by the registering Organisation to abide by the Rules of the <i>Graincare</i> On-farm Quality Assurance Program.	

Credit Card Payment			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	Expiry Date	<input type="text"/>
Amount.....	Signature	Date	

Note: Incomplete applications will not be processed