**NSW CHAMBER OF FRESH PRODUCE LIMITED**

**(ABN 38 706 046 766)**

# ASSOCIATE MEMBERSHIP APPLICATION

***Please read the following notes before completing this Application.***

1. All details (where applicable) on the following four (4) pages should be completed in full and the Declaration signed and witnessed before this Application is submitted ***(please type or print clearly).***

2. The completed and signed Application should be submitted to the NSW Chamber of Fresh Produce Ltd, trading as Freshmark.

3. This Application for Associate Membership will be received and determined in accordance with the Constitution of Freshmark.

### Section 1 – Business Details

Business/Trading Name:

Business ABN:

Business (Street) Address:

Town/Suburb: Postcode:

Business (Postal) Address:

Town/Suburb: Postcode:

Business Tel. No.: Business Fax No.:

Business E-mail Address:

### Section 2 – Primary Contact

Name of Applicant’s Primary Contact:

Primary Contact’s E-mail address:

Primary Contact’s Mobile Tel. No.:

## **Section 3 - Proprietorship**

Is the Applicant: 🞎 Sole Trader? (if so, only complete Section 3a)

🞎 Partnership? (if so, only complete Section 3b)

🞎 Private Pty Ltd Company? (if so, only complete Section 3c)

🞎 Public Ltd Company? (if so, only complete Section 3c)

🞎 Co-operative Society? (if so, only complete Section 3c)

### Section 3a – Sole Trader

Personal Name:

Personal (Street) Address:

Town/Suburb: Postcode:

### Section 3b – Partnership

*Supply full names, addresses and telephone numbers of all partners (if more than three, attach list).*

**1.** Personal Name: Tel:

Personal (Street) Address:

Town/Suburb: Postcode:

**2.** Personal Name: Tel:

Personal (Street) Address:

Town/Suburb: Postcode:

**3.** Personal Name: Tel:

Personal (Street) Address:

Town/Suburb: Postcode:

**Section 3c – Private Company, Co-operative Society or Public Company**

Registered Company Name:

Company ABN:

Registered Office (Street) Address:

Town/Suburb: Postcode:

#### Directors

*Supply full names and telephone numbers of all directors (if more than three, attach list).*

**1.** Name: Tel:

**2.** Name: Tel:

**3.** Name: Tel:

### Section 4 – Business Function/Purpose

Please state and describe the Applicant’s business function/purpose and association with fresh produce and Sydney Markets?

### Section 5 – Fees Payable \*\*\*to be completed by Freshmark\*\*\*

**Entrance Fee** ($): (inclusive of GST)

*(as per Clause 7.7(a) of the Constitution)*

**Annual Subscription** ($): (inclusive of GST)

*(as per Clause 7.7(b) of the Constitution)*

### Section 6 – Declaration

The Applicant:

1. Hereby applies for admission to Associate Membership of Freshmark.

2. Declares that the foregoing particulars in support of this Application are true and correct.

3. Acknowledges it has read the Constitution and Code of Ethics (the “Constituent Documents”) of Freshmark which can be found on Freshmark’s website: [www.freshmark.com.au](http://www.freshmark.com.au).

4. Declares that the applicant is capable of observing the Constituent Documents and undertakes if admitted to Associate Membership to abide by the Constituent Documents now or hereinafter in force and agrees to provide such further information with respect to this Application as the Board of Freshmark may require of the applicant for the purpose of enabling the Board to consider this Application.

5. Agrees to remit the fees payable outlined in Section 5.

Print name of person signing the **Application** Signature of **Applicant**

Witnessed by:

Print name of **witness** Signature of **witness**

Date

If you have any difficulties in completing this form or questions relating to it, please call Freshmark on

(02) 9764 3244. Forward completed Associate Membership Application form and any attachments by either post, facsimile of e-mail to:

NSW Chamber of Fresh Produce Limited  
Suite 24B, Level 1, Market Plaza Building  
Sydney Markets NSW 2129  
E-mail: [accounts@freshmark.com.au](mailto:accounts@freshmark.com.au)

Fax: (02) 9764 2776