

Membership Form

Name	ACN/ABN
Property Address.	
State	Postcode
Postal Address	
State	Postcode
Phone	Fax
Email:	Mobile:
	(for contact and voting purposes)
Names of active pa	artners/proprietors with preferred first names
	DE STUD NAME racters) (16 letter maximum including spaces)
1stChoice	
2ndChoice	
3rdChoice	
-	be up to 3 letters. No figures, symbols or conjoined characters wi ase do not use the letter "I" as your first letter in Flock Code as it mported sheep.
Signature of Mer	nberDate

Please complete this form and send with your membership subs to address below. Prime SAMM Breeders' Society of Australia Inc. Rural Services Office, PO Box 108, GOODWOOD SA 5034 Phone: 08 8210 5230 Fax: 08 8231 4173 Email: cbayliss@adelaideshowground.com.au Web: http://www.samm.net.au