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CHANGE OF MEMBERSHIP DETAILS

MEMBER IDENT:			
I WISH TO CHANGE:	(please cross appropriate box)		
Type Trading Na	nme Nominee Addr	ress Phone Fax	Mobile Email
Membership type is if you wi (F).	sh to upgrade or downgrade your n	nembership, eg. upgrade from	Commercial (C) to Full
PREVIOUS DETAILS	6: (This section must be completed)		
Type:			
Trading Name:			
Nominee:			
Address (postal):			
		State:	Code:
Phone:	Fax:	Mobile:	
Email:			
NEW DETAILS: (Ensu	re you have completed the above section	on advising of previous details be	fore advising new details)
Туре:			
Trading Name:			
Nominee:			
Address (postal):			
		State:	Code:
Phone:	Fax:	Mobile:	
Email:			
SIGNATURE OF CURRE	ENT NOMINEE:		
SIGNATURE OF NEW N	NOMINEE (if changing nomin	ee):	

Please note that the nominee is the person recorded by the Society as the nominee-representative of the membership AND is the person eligible to vote for the membership.

PLEASE NOTE: That this document must be signed only by the Authorised Representative on the membership being changed. If this document is being signed by anyone other than the Authorised Representative it will be returned and no changes will be made until correct signature can be provided.