



**TO: The Secretary
Master Grocers' Australia
Suite 9, 1 Milton Parade
MALVERN VIC 3144**

APPLICATION FOR ASSOCIATE MEMBERSHIP

I hereby apply for associate membership of Master Grocers' Australia (ACN 004 063 263).
My eligibility for membership is derived from my interest in the business described below ('the Business').
I warrant that the Business is a supplier to the retail grocery or retail liquor business conducted by itself or
in association with a retail grocery business.

APPLICANT'S PARTICULARS

Name and Title _____

Address _____
Telephone _____ Fax _____ Email _____

BUSINESS PARTICULARS

Name of Business _____
Trading As _____
ABN _____ ACN _____
Business Address _____

Preferred Postal Address _____

Telephone _____ Fax _____ Email _____
Dated _____ Applicant's Signature _____