

Membership application

Membership number (office use only)

Applicant details

Name: (Person/business that pays the Pig Slaughter Levy)

ABN:

Business type:

Contact person (Person to receive correspondence regarding this membership)

Title: First name: Surname:

Address:

Suburb/Town: State: Postcode:

Phone: Fax: Mobile:

Email:

On-farm operations

Number of sows:

Site details

Number of sites registered in PigPass:

Names of sites: (If different to applicant name)

Privacy collection notice

Your information is being collected by Australian Pork Ltd (ACN 135 880 723) (APL, we or us). You can contact us by post at Attn: General Manager – Corporate Services, PO Box 4746, Kingston, ACT, 2604, Australia, by telephone on 02 6285 2200; by fax on 02 6285 2288 or by email at apl@australianpork.com.au.

We collect, use, hold and disclose your personal information (which includes your name, address, telephone and other contact details) in order to process your membership application and manage your membership and relationship with us. The collection of this information may be required or authorised by law, including under the Corporations Act 2001 (Cth). If you choose

not to provide your personal information to us, we will not be able to process your membership application or provide our membership or other services to you.

We will collect your personal information from you where possible, but we may also collect your information from third parties, including your employer if relevant (in which case we will take reasonable steps to ensure that you are aware of the matters contained in this privacy collection statement). If you provide us with the personal information of another person (such as another contact person), you must make them aware of the matters contained in this privacy collection statement.

We may disclose your personal information to our employees, contractors, agents, government bodies and

regulatory authorities (where required or authorised by law) and independent auditors and other service providers. We may also disclose your personal information to other participants in the pork industry and to our partners and third parties services to participants in the pork industry so that these parties may contact you to offer to provide their products and/or services that we consider may be of interest to you.

We will otherwise collect, hold, use and disclose your personal information in accordance with our Privacy Policy (<http://australianpork.com.au/privacy-statement/>), which sets out how you may access and correct the personal information that we hold about you and how to lodge a complaint relating to our treatment of your personal information.

Please return to members@australianpork.com.au

Statutory declaration

By completing and lodging this membership form with Australian Pork Limited you represent and state that to the best of your knowledge and belief all the statements in this application are correct and that the applicant for membership:

» carries on the business of breeding or growing pigs in Australia for sale

» has paid the Pig Slaughter Levy[#] (other than as an intermediary) during the past financial year

» agrees to be bound by the constitution of Australian Pork Limited, a copy of which is available at www.australianpork.com.au or toll free 1800 789 099

» I understand and agree to the terms outlined in the privacy statement – (regarding contact and mailouts)

I, (name and occupation of person making declaration)

Of (full address)

Do solemnly and sincerely declare that

Name: (Person/business that pays the Pig Slaughter Levy)

Paid: \$A

Pig Slaughter Levy[#] in the financial year ending **30/06/18**

[#] Pig Slaughter Levy: Number of pigs slaughtered _____ x Levy amount \$3.25 = \$ _____ Levy paid

Please print off and complete sections below

I make this solemn declaration by virtue of the Statutory Declaration Act 1959, and subject to the penalties provided by that Act for making of false statements in statutory declarations, I believe that the statements in this declaration are true in every particular.

Signed: _____
(Signature of person making declaration)

Declared at: _____ On: _____
(day/month/year)

Before: _____
(Signature of person authorised to sign a statutory declaration)

Full name: _____
(Print full name of person authorised)

Qualification: _____
(Print qualification of person authorised)

Address: _____
(Print address of person authorised)

Person before whom a statutory declaration may be made:

Justice of the Peace
Medical Practitioner
Veterinarian
Pharmacist
Nurse
Dentist
Lawyer

Accountant
Full-time Teacher
Financial or Bank Officer with 5 years continuous service
Postal employee with 5 years continuous service
Police Officer
Registrar or Deputy Registrar of the court

Minister of Religion (authorised to celebrate marriages)
Member of Federal, State or Local Government
Defence Force Officer; Warrant Officer; or
Non Commissioned Officer with 5 years continuous service

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