

Damara Sheep Breeders' Society of Australia Inc

PO Box 108, Goodwood SA 5034

Phone: 08 8210 5229

Email: chills@adelaideshowground.com.au

Web : www.damaras.com.au



2021-2022 MEMBERSHIP

For GST purposes this is your **TAXATION INVOICE** from
ROYAL AGRICULTURAL & HORTICULTURAL SOCIETY OF SOUTH AUSTRALIA INC | ABN: 68 531 710 498
 on behalf of the Damara Sheep Breeders' Society of Australia Inc.

Date of Issue: 7 July 2021

Please complete the below with the membership type and fee selected on the bottom of this renewal form for your records:

| Membership Type Selected | Membership Fee Paid (GST incl) |
|--------------------------|--------------------------------|
| | \$ |

Detach and return the remittance slip below with your membership payment for the year 1 July 2021 to 30 June 2022.

| DATE JOINED BETWEEN | FULL MEMBERSHIP | ASSOCIATE/COMMERCIAL FEE |
|---------------------|-----------------|--------------------------|
| 1/7 and 30/9 | \$165 GST Incl. | \$55 GST Incl. |
| 1/10 and 31/12 | \$123 GST Incl. | \$42 GST Incl. |
| 1/1 and 31/3 | \$82 GST Incl. | \$28 GST Incl. |
| 1/4 and 30/6 | \$41 GST Incl. | \$14 GST Incl. |

✂ detach and return with payment to Australian Rural Connect, PO Box 108, Goodwood, SA 5034

2021-2022 MEMBERSHIP– DAMARA SHEEP BREEDERS' SOCIETY OF AUSTRALIA INC

PLEASE SELECT YOUR MEMBERSHIP TYPE AND FEE:

Stud/Commercial Membership (Full voting rights) Associate (No Voting Rights)

| | |
|--------------------------|-----------|
| TOTAL PAYMENT DUE | \$ |
|--------------------------|-----------|

Membership / Trading Name:

Owner / Nominee:..... Other Contact Names:.....

Address:

Phone:..... Mobile:

Email: Website:

Preferred Method of Correspondence (please tick): Email Post

PAYMENT METHOD: **EFT TRANSFER** BSB: **085-005** Account No: **24406 9653** Account Name: **Australian Rural Connect**
 Please email remittance to arc@adelaideshowground.com.au

CHEQUE To be made payable to **Australian Rural Connect**

CREDIT CARD Please completed the credit card information below

Card Number: - - - CVV:.....

Expiry:/..... Card Holder Name: Signature: