



ASSOCIATE MEMBERSHIP

APPLICATION FORM

Name of your Organisation:

Address:.....

Telephone: Facsimile:

Email: Website:

Officers

President:

Chairman:

Secretary / Chief Executive:

Treasurer:

Contact Name:.....

Date of formation of your organisation:

Geographic area covered:

Similar organisations in your area:

Is the organisation:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Company owned by shareholders | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. Non-profit making | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Government supported organisation | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Other, please set out details: | | | | |

Please enclose the following information:

In the case of an Agricultural Society:

1. Society's Articles of Association
2. Bye-Laws (if any)
3. Society's latest accounts
4. Brief outline of Society's main activities
5. Classification of Members (if any)
6. Number of Members in each class
7. Numbers attending most recent annual show: Paying:..... Total:.....

In the case of an Association of Agricultural Societies:

1. Society's Articles of Association
2. Bye-Laws (if any)
3. Society's latest accounts
4. Brief outline of Society's main activities
5. Number of Member Societies
6. Total number of individual members (if known)
7. Numbers attending most recent annual show (if known)

In the case of other organisations:

1. Brief outline of the organisation's main activities
2. Details of the organisation's links with Agricultural Societies, Agricultural Colleges or Agricultural Research Stations.

On behalf of this organisation we apply for Associate Membership of the Royal Agricultural Society of the Commonwealth.

Signed:
(Chairman)

.....
(Secretary / Chief Executive)

Date: