

MEMBERSHIP APPLICATION FORM

CONTACT DETAILS Return completed form to CUPGRA at the address or email below Name (primary contact) Name (admin contact) Company Postal address

Email (primary)

(including postcode)

Email (admin)

Mobile Landline

Purchase Order No

MEMBERSHIP CATEGORY

Grower Area (ha)

Independent agronomist Area (ha)

Breeder/seed supplier Packer and supply chain

End user University and research

Input and service provider Other

ADDITIONAL NAMED MEMBERS FOR MAILINGS, ANNUAL REPORT AND MEMBER RATES

NAME EMAIL ADDRESS MOBILE

