

## RENEWAL OF MEMBERSHIP 2019/20 FINANCIAL YEAR

ABALONE VICTORIA (CENTRAL ZONE) LTD. ACN: 607 659 709

### MEMBER

Name:	
ACN or ABN:	
Address	
Telephone:	
Email:	

### RENEWAL

The Member named above hereby renews membership of the Company in the following category:

- Diver Member
- Owner member holding \_\_\_\_\_ quota units
- Associate member

### APPOINTMENT OF DELEGATE (if applicable)

The Member, being a company or trust (and not being a natural person), hereby nominates the following individual as its Delegate:

Delegate name:	
Address:	
Telephone:	
Email:	

### MEMBER'S DECLARATION

The Member hereby:

- declares that the Member is eligible for the relevant class of Membership noted above, and that the information provided in this renewal form is true and correct,
- agrees to pay the Annual Subscription and the Guarantee Amount set out in the Constitution as and when required by the Constitution or at law, and
- agrees to be bound by the Company's Constitution.

This renewal is unconditional and, if this renewal is approved in accordance with the Constitution, the Company Secretary is authorised to retain the above details in the Register of Members.

### Executed by the Member or a person authorised to sign on behalf of the Member:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Payment: Membership subscription of \$1.00 should be made by EFT to:  
BSB: 633-000; Account number: 1638 74399; Account name: Abalone Victoria. Please quote your surname as a reference.

Postage/email: Please return by email to [josh@abalonevictoria.com.au](mailto:josh@abalonevictoria.com.au)