

# LCGF Membership Application Form



Membership period 1st  
Oct 2024 to 30th Sep 2025

Business Name	
Contact Names	
Business Address & Town	
Postal Address & Town	
Phone	
Fax	
Mobile	
Contact Email	
Website or Social Media	
<b>Business Information</b> Please include a description of the main product(s) you intend to sell	

<b>Industry Member \$60</b>
<b>Benefits: Reduced market fees</b> Opportunities to attend the 2025 South East Field Days at reduced cost. A public presentation describing your business and products must be done on both the Friday and Saturday

I have read and agree to abide by the LCFG code of ethics and the criteria applicable to my membership. I agree to the details I have provided being released to relevant enquiries. I understand that although every care will be taken to accurately record my details, the LCFG Inc. and its Executive will not accept responsibilities for incorrect printing of details or circumstances beyond their control.

Signed ..... Date ...../...../.....

<i>Payment Options</i>	
<input type="checkbox"/> Bank Transfer	Bank Account Name: <b>Limestone Coast Food Group</b> BSB: <b>633-000</b> Account: <b>191688431</b> *Please use your Name as Reference
<input type="checkbox"/> Cheque	Please make cheque payable to Limestone Coast Food Group Inc
<input type="checkbox"/> Other	By prior negotiation with Market Manager - i.e. in cash on first market attendance

Please email this completed form to [market@limestonecoastfood.com.au](mailto:market@limestonecoastfood.com.au) or post it to  
**The Limestone Coast Food Group, PO Box 85, Robe SA 5276**