LCGF Membership Application Form

Membership period 1st July 2026 to 30th June 2027

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

Industry Member $60
Benefits: Reduced market fees

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 ……/……/……

Payment Options	
☐ Bank Transfer	Bank Account Name: **Limestone Coast Food Group** BSB: **633-000** Account: **191688431** *Please use your Name as Reference
☐ Cheque	Please make cheque payable to Limestone Coast Food Group Inc
☐ Other	By prior negotiation with Market Manager - ie. in cash on first market attendance

Please email this completed form to market@limestonecoastfood.com.au or Post it to

The Limestone Coast Food Group, PO Box 85, Robe SA 5276

Limestone Coast Food Group Inc.
ABN 27 719 100 910
www.limestonecoastfood.com.au

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