

# Membership Application Form

**Annual Membership Fee \$180.00 (incl GST)**

Membership from 1 January to 31 December

Main Contact Name:

Second Contact Name:

Business Name:

Address

State:

Country:

Post Code:

Telephone:

Mobile Phone:

Email:

Please indicate your interest in leucaena

Producer

Agency

Researcher

Supporter

Property Name

*The following information will assist with submissions for future research and funding.*

*All information will be collated to provide industry overview only with no individual entity identified.*

Leucaena area in hectares:

Total area of leucaena:

Leucaena under irrigation:

Dryland leucaena:

Anticipated total irrigated leucaena plantings by 2020

Anticipated total dryland leucaena plantings by 2020

Would you like your contact details included in the member database to be available to other members on TLN member's website

Yes

No thanks