



fresh state

SCHEDULE “B”

The Secretary,
Victorian Chamber of Fresh Produce Wholesalers Inc.
Market Box 113, Melbourne Markets
542 Footscray Road
WEST MELBOURNE Vic 3011

I/We (NAME/S) _____

of (COMPANY) _____

Store/Cage/Shop/Warehouse _____

Melb. Markets Credit Service Number _____ Market Mail Box No. _____

Postal/Business Address _____

Phone (Bus) _____ (After Hours) _____
(For office use only - emergency situations (fire/theft/etc))

(Mobile) _____ Fax No _____

Email Address _____

I hereby apply for associate membership of the Victorian Chamber of Fresh Produce Wholesalers Inc.

SIGNATURE _____

DATE _____

Membership / Joining Fee \$660.00 inc. GST

Annual Subscription \$572.00 inc.GST