



fresh state

SCHEDULE "A"

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 _____

Melbourne Markets Credit Service Number _____ Mail Box No _____

Postal/Business Address _____

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

(Mobile) _____ Fax No _____

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

SIGNATURE _____

DATE _____

MEMBERSHIP/JOINING FEE **\$660.00 inc GST**

MONTHLY FEE **\$169.15 inc GST**

AUSTRALIAN CHAMBER QUARTERLY FEE **\$31.50 inc GST**