

The Executive Officer
SFMCA
PO Box 151
CURTIN ACT 2605
Email: contact@sfmca.com.au
Ph: 02 5111 0207

Dear Sir,

_____ (Company Name)

of _____ (Postal Address)

I hereby apply for membership of SFMCA and agree to be bound by the Constitution, Rules, and Regulations of the Association.

I acknowledge the SFMCA policy that:

- all stockfeed manufacturing members must become "FeedSafe" accredited;
- manufacturers will hold "Provisional" membership until accredited; and that
- membership will be rescinded if FeedSafe accreditation is not gained within 12 months.

I understand that SFMCA has three membership categories:

A **Full Member** is any individual, partnership, company, corporation or other business unit engaged in the production of compound feeds, liquid feeds and other ingredient blends for livestock and/or poultry. Until manufacturers complete FeedSafe accreditation they will be classified as a **Provisional Member**.

An **Associate Member** is any individual, partnership, company, corporation, or other business unit or any other association closely allied to or associated with the compound feed manufacturing industry and does not manufacture feed.

The type of membership which best describes my company is:

<u>Full Membership</u> Nominated feed volume	☐ (Provisional member status until FeedSafe accreditation is completed) _____ tonnes annual volume required to calculate membership fee. (All nominated volumes are kept confidential)
<u>Associate Membership</u>	☐

The company representative who would be appointed to attend meetings and receive notices is:

Name: _____ Position: _____

Telephone: _____ Mobile: _____ Email: _____

Accounts payable email: _____ Australian Business Number: _____

States of Operation: Tick Australian states your company operates within, this will be used to allocate your membership to at least one of our State Branches¹.

☐ Queensland ☐ New South Wales ☐ Victoria and Tasmania ☐ South Australia ☐ Western Australia

I, the person signing this application, declare that I have the authority under the Articles of Association of my Company to do so.

Applicant: _____

Signature: _____ Date: _____

¹ SFMCA members are allocated to at least one SFMCA State Branch. They will receive meeting notices and other information relevant to that state. State allocation is typically to the state within which the company operates, either feed milling sites or offices. Members can elect to be active in more than one state.

2025/26 Fee Structure

Full & Provisional Membership Fee based on volume matrix

Volume – total annual feed tonnes manufactured nationally	Fee includes GST
1 - 5,000	\$845
5,001 - 10,000	\$1,066
10,001 - 20,000	\$1,743
20,001 - 40,000	\$1,990
40,001 - 80,000	\$2,707
80,001 - 160,000	\$3,561
160,001 - 320,000	\$4,980
320,001 - 640,000	\$7,114
640,001 - 1,280,000	\$11,387
>1,280,000	\$18,500

Associate Membership Fee

	Fee includes GST
Associate Membership Fee	\$850