

AUSTRALIAN ASSOCIATION OF RUMINANT NUTRITION MEMBERSHIP APPLICATION FORM

Types of Membership:

Full Membership

Limited to individuals who can demonstrate through qualification and/or experience competency in the field of ruminant nutrition and requires 2 nominations from current Full AARN Members.

Demonstrated qualification is either:

- a) Holding a tertiary qualification in agricultural science or equivalent and a minimum two years' experience in the ruminant nutrition sector subsequent to gaining such qualification.

OR

- b) Has achieved professional status and a position of professional responsibility through the combination of post-secondary education and a minimum five year's practical experience in ruminant nutrition.

Associate Membership

Any individual, partnership, company, corporation, or other business unit or any other association who has a common interest in the areas of ruminant nutrition and are not eligible to be a Full Member. Individuals with insufficient experience can join as an Associate Members until completion of experience.

eMembership

An eMembership allows an individual to access to the extensive online library of recorded presentations from previous conferences. No other member benefits apply.

eMembership Student

As above, eligibility for the Student eMembership is available to those who can demonstrate enrolment in a relevant full-time tertiary course.

APPLICATION PROCESS

Please apply online or select and fill out the relevant Membership category page and email your application to the Executive Officer. Once approved by the Committee, an invoice will be issued, and login details provided upon receipt of payment.

All Members agree to abide by the AARN Professional Code of Conduct to maintain high standards and ethical behaviour.

MEMBERSHIP TYPE	2021 FEE SCHEDULE inc GST
Full Member	\$300
Associate Member	\$300
eMembership	\$200
eMembership Student	\$50

ASSOCIATE MEMBERSHIP APPLICATION FORM

APPLICANT'S NAME					
POSTAL ADDRESS					
SUBURB		STATE		POSTCODE	
MOBILE			OFFICE		
EMAIL ADDRESS			DATE OF BIRTH		
EMPLOYER			POSITION HELD		
<i>Brief description of business interests and/or products and services supplied to the ruminant industries:</i>					

I,(please print your name) wish to apply to be an ASSOCIATE Member the Australian Association of Ruminant Nutrition (AARN). In the event of my admission as a member, I agree to be bound by the Rules of the Association and its Code of Conduct for the time of my membership.

Signature: _____ Date: _____

Please send the signed and completed Associate Membership application form to:

Postal: Executive Officer
Australian Association of Ruminant Nutrition
PO Box 10, Moriac, VIC 3240
Email: admin@aarnutrition.com.au

FULL MEMBERSHIP APPLICATION FORM

APPLICANT'S NAME					
POSTAL ADDRESS					
SUBURB		STATE		POSTCODE	
MOBILE			OFFICE		
EMAIL ADDRESS			DATE OF BIRTH		
EMPLOYER			POSITION HELD		
QUALIFICATIONS					YEAR
Graduated from					
Qualifications 1					
Qualifications 2					

APPLICANT

I,, *(please print your name)* wish to apply to be a FULL member of the Australian Association of Ruminant Nutrition (AARN). In the event of my admission as a member, I agree to be bound by the Rules of the Association and its Code of Conduct for the time of my membership.

Signature: _____ Date: _____

NOMINATION 1

I,, a Full Member of the Association, nominate the applicant, who is personally known to me and I agree that the information provided is true and accurate, for membership of the Association.

Signature of proposer: _____

Date: _____

NOMINATION 2

I,, a Full Member of the Association, nominate the applicant, who is personally known to me and I agree that the information provided is true and accurate, for membership of the Association.

Signature of proposer: _____

Date: _____

Please send:

- ☐ **signed and completed Full Membership application form**
- ☐ **Current CV**
- ☐ **2 signed nominations**

Postal: Executive Officer
Australian Association of Ruminant Nutrition
PO Box 10, Moriac, VIC 3240

Email: admin@aarnutrition.com.au

eMEMBERSHIP APPLICATION FORM

APPLICANT'S NAME					
POSTAL ADDRESS					
SUBURB		STATE		POSTCODE	
MOBILE			OFFICE		
EMAIL ADDRESS			DATE OF BIRTH		
EMPLOYER			POSITION HELD		

Please copy this form into an email and send to the Executive Officer
admin@aarnutrition.com.au

STUDENT eMEMBERSHIP APPLICATION FORM

APPLICANT'S NAME					
POSTAL ADDRESS					
SUBURB		STATE		POSTCODE	
MOBILE			DATE OF BIRTH		
EMAIL ADDRESS					
UNIVERSITY					
COURSE					



Please copy this form into an email, attach Proof of Enrolment and send to the Executive Officer admin@aarnutrition.com.au