



REGISTRATION FORM

Business name	_____	ABN / ACN	_____
Contact Person	_____		
Phone	_____	Fax	_____
	_____	Mobile	_____
Mailing Address	_____		
Town/City	_____	State	_____
	_____	Postcode	_____
Email	_____		
Farm Location Address	_____		
Town/City	_____	State	_____
	_____	Postcode	_____
Please list crops grown/packed	_____		

Size of farm	_____		
Do you have a Food Safety Program in Place?	Yes/No	If Yes, which program?	
<input type="checkbox"/> Freshcare	<input type="checkbox"/> SQF1000	<input type="checkbox"/> SQF2000	<input type="checkbox"/> HACCP
		<input type="checkbox"/> WQA	<input type="checkbox"/> Other
Signature	_____	Date	_____
Name of Signatory (please print)	_____		

PRIVACY STATEMENT

The information being collected may be personal information. Enviroveg collects it for the purpose of processing your registration and membership, answering any of your enquiries, keeping you informed of the services Enviroveg provides and in assisting us to improve the program.

Any personal information that is collected by Enviroveg is for that purpose only and we respect the privacy of individuals. Generally Enviroveg does not release personal information. However, if required in response to a legal requirement, in case of an emergency or in exceptional circumstances, written permission will be sought from the signatory to this registration (where possible).



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