



Adelaide Hills Food Producers Inc Membership application

Business Name: _____

Trading Name: _____

ABN: _____

Contact Person: _____

Business Address: _____

_____ **Postcode** _____

Postal Address: _____

_____ **Postcode** _____

Phone: _____ **Fax** _____

Mobile: _____

Email: _____

Web Address: _____

Please provide a business overview of your business including accreditations and licenses your business may have in compliance with the Food Act 2001.

Signature: _____

Date: _____



Please send your application to:
adelaide hills food 38 adelaide road, mount barker
south australia 5251 **ph:** 08 8391 1374 **fax:** 08 8391 1382
web: www.adelaidehillsfood.com.au