



**LIVESTOCK TRANSPORTERS  
ASSOCIATION OF VICTORIA**  
Incorporating Rural Carriers

LTAV Office  
PO Box 109, PAKENHAM VIC 3810  
Email: office@ltav.com.au  
Ph 0400 933 713 Fax 03 5941 2656  
ABN 81 058 179 907

## LTAV Membership 2011/2012

Please complete and return to the LTAV office at your earliest convenience - **A tax invoice will be issued upon receipt of this form**

Type of Vehicles	No. of Vehicles	Cost inc GST			
First B-Double / Semi		\$300.00			
Each B-Double / Semi thereafter		\$175.00			
<b>Total Number of Configurations</b>				<b>Total Cost B-D &amp; Semi</b>	\$
First Tray Truck		\$175.00			
Each Tray thereafter		\$75.00			
<b>Total Number of Trays</b>				<b>Total Cost Trays</b>	\$
Affiliate Membership		\$138.00			
<b>Total No. of Affiliate Members</b>				<b>Total Cost Affiliates</b>	\$

**TOTAL COST OF MEMBERSHIP 2011/2012    \$ \_\_\_\_\_**

**Business Details**

**Livestock Transporter**

**Rural Carrier**

Transport Services    -Wool    -Hay    -Fuel    -Fertilizer    -Grain    -Water    -Other –please tick all that apply

Business Trading Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone                      Business \_\_\_\_\_                      Mobile \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Do you hold a BP Fuel Account?	Yes / No	Please provide your account no. _____	Middle 8 digits of card
Do you hold a Bearepairs Account?	Yes / No	Please provide your customer no. _____	
Are you insured with NTI?	Yes / No	Please provide your customer no. _____	

Who is your truck Supplier? \_\_\_\_\_    Who is your engine supplier? \_\_\_\_\_

*National sponsorship support comes through the ALTA.*

*This is linked to a commission scheme and this information will assist us to ensure your commission flows through to the LTAV.*

**PAYMENT OPTIONS**

**CHEQUE:** Complete this form and return with cheque payable to LTAV, to PO Box 109, PAKENHAM VIC 3810

**EFT:** Account Name: LTAV    BSB: 033 070    A/c No.: 199 415    Please post form to address above.

**CREDIT CARD:** \$\_\_\_\_\_    Card No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Exp Date: \_\_\_\_\_ / \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Do you wish to receive the ALTA Monday News?    Yes / No                      Delivery Method? Fax / Email

Please note that we manage your information in accordance with our Privacy Policy. This can be found at: [www.altav.org.au](http://www.altav.org.au).