



Partnership Program

Program Membership Form

I have looked at services that can be provided by the Chris Richards & Associates Partnership Program.

- Please enrol me in the Partnership Program commencing next month. I wish to be charged Monthly or Quarterly.

Please contact me with my Member Username and Password to access Members Web Site.

- I am interested in the Partnership Program but have some questions. Please contact me to discuss the program.
- I do not wish to join the Partnership Program.

Name: _____

Piggery/Business Name: _____

Number of sows: _____

I have read what is offered in the Partnership Program and will be committed to the program for at least the next 12 months.

Signed: _____

Please return this form via mail or fax to Chris Richards & Associates.

CHRIS RICHARDS & ASSOCIATES

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