

Select one:

First Name

Name (print):

Contact Persons Details



USING GLNCs WHOLE GRAIN & LEGUME FLASHES

Non-GLNC Contributor

REGISTERED USER APPLICATION

GLNC Contributor OR

Positi		
Comp		
Comp	ABN	
Mailir	ddress	
Subur	State Postcode	
Email	Telephone	
As an Legun whole	Ilicant to the Grains & Legumes Nutrition Council™ (GLNC) to become a Registered User of the trademarked GLNC Whole Grain & ashes [Company name] confirms it is responsible or otherwise involved in content and ingredients labelling and promotion of ins and legumes in Australia [&/or New Zealand]. **Iname**] hereby accepts and agrees to comply with the usage conditions outlined below: **Tective in-house compliance procedures are in place to enable the GLNC Whole Grain & Legume Flashes to be used as set out in the companying usage guide (emailed out to you on receipt of this completed form.) **NC must be notified of all instances and across which media in which the flashes are used eg. digital, print, signage etc.	
3. [<i>Com</i>	e Legume Flash must not be used on any product packaging due to the nature of the wording being seen as a high level health of the variance of the wording being seen as a high level health of the variance of the wording being seen as a high level health of the nature of the wording being seen as a high level health of the variance of the wording being seen as a high level health of the variance of the wording being seen as a high level health of the variance of the wording being seen as a high level health of the variance of the wording being seen as a high level health of the variance of the wording being seen as a high level health of the variance of the wording being seen as a high level health of the variance of the wording being seen as a high level health of the variance of the wording being seen as a high level health of the variance of the wording seen as a high level health of the variance of the wording seen as a high level health of the variance of the wording seen as a high level health of the variance of the wording seen as a s	claim.
-	son signing this letter for and on behalf of [Company name] has full authority as a Senior Manager or Head of Department to	
Signe	and on behalf of [Company name] by Senior Manager/Head of Department	
Date:	Signature:	

Last Name

A signed original of this form must be returned to the GLNC Marketing & Communications Manager at: contactus@glnc.org.au Grains & Legumes Nutrition Council, Level 1, 40 Mount Street, North Sydney, NSW 2060, AUSTRALIA

Position:

Email: