

# Membership Application Form 2018



## CONTACT DETAILS

Trading Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Primary Contact DOB: / / Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

State: Phone: Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## MEMBERSHIP: *Membership is fully tax deductible*

### FULL MEMBERSHIP

### Rate (including GST)

- |  |                   |
|--|-------------------|
| <input type="checkbox"/> Small                     | \$565 per annum   |
| <input type="checkbox"/> Medium                    | \$940 per annum   |
| <input type="checkbox"/> Large                     | \$1,850 per annum |
| <input type="checkbox"/> 3 Year Fixed Price Medium | \$2,820           |
| <input type="checkbox"/> 3 Year Fixed Price Large  | \$5,550           |

### ALTERNATE MEMBERSHIP

### Rate (including GST)

- |                                      |                 |
|--------------------------------------|-----------------|
| <input type="checkbox"/> AgConnectWA | \$65 per annum  |
| <input type="checkbox"/> Retired     | \$380 per annum |

## What Do You Farm?

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> Wool  | <input type="checkbox"/> Meat   |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Grains |
| <input type="checkbox"/> Other |                                 |

If 'other', please specify:

\_\_\_\_\_

## DIRECT DEBIT AGREEMENT

I (full name) \_\_\_\_\_ of above address authorise The Western Australian Farmers Federation Inc to debit funds from the financial institution account as details below.

Name of Account \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

BSB Number \_\_\_\_\_ Account Number \_\_\_\_\_

By signing this direct debit request you acknowledge the terms and conditions governing debit arrangements between yourself and the Western Australian Farmers Federation Inc.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*All signatures of the savings/cheque/credit card account indicated on this form are required to this authorisation.*

- Pay by cheque** (Payable to WAFarmers) Please find enclosed a cheque for \$ \_\_\_\_\_
- Pay by direct deposit** (BSB: 036000, Acc No: 990627) – Please put your **FULL NAME** as the reference.
- Pay by credit card**

Please charge \$ \_\_\_\_\_ to my (please check one box)  **VISA**  **MASTERCARD** Expiry \_\_\_\_/\_\_\_\_

Name on card \_\_\_\_\_ Card Number \_\_\_\_\_ CVC \_\_\_\_\_

# Membership Application Form 2018



## ADDITIONAL CONTACT 1

Name \_\_\_\_\_ DOB: / /  
Postal Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## ADDITIONAL CONTACT 2

Name \_\_\_\_\_ DOB: / /  
Postal Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## ADDITIONAL CONTACT 3

Name \_\_\_\_\_ DOB: / /  
Postal Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## MEMBERSHIP DECLARATION AND SIGNATURE

I/We wish to become a member of the Western Australian Farmers Federation Inc and agree to abide by the organisation's rules as set out in the WAFarmers Constitution.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## PRIVACY ACT

The information you provide to The Western Australian Farmers Federation Inc is used to administer your membership and in the provision of membership benefits. The information provided may be used to contact and advise you of other member services or products. You may elect to cease receiving such information at any time by contacting The Western Australian Farmers Federation Inc through the methods below. Your personal information will not be disclosed without your consent for any other purpose unless required or authorised by law. You may request access to your personal information and, if necessary request The Western Australian Farmers Federation Inc update your records by contacting the Membership Coordinator in writing at WAFarmers PO BOX 556, Belmont WA 6984.

**RETURN TO WAFARMERS: PO Box 556, Belmont, WA, 6984, fax it to (08) 9477 1755, or email [reception@wafarmers.org.au](mailto:reception@wafarmers.org.au)**  
*Membership will commence on receipt of payment.*

## FOR OFFICE USE ONLY

Membership Number \_\_\_\_\_  
Zone \_\_\_\_\_  
Date Entered \_\_\_\_\_  
Invoice Number \_\_\_\_\_  
 Letter sent to Member  
 Letter sent to Zone  
 Details to Finance and Administration Manager  
 Details to other relevant departments

[www.facebook.com/WAFarmers](http://www.facebook.com/WAFarmers)

[www.twitter.com/WAFarmers](http://www.twitter.com/WAFarmers)

[www.youtube.com/user/WAFarmersFederation](http://www.youtube.com/user/WAFarmersFederation)