

Affiliated/Associated Membership Application Form 2020

CONTACT DETAILS

Trading Name: _____

Primary Contact: _____

Postal Address: _____ Postcode: _____ State: _____

Phone: _____ Mobile: _____ Email: _____

MEMBERSHIP: *Membership is fully tax deductible*

MEMBERSHIP	Rate (including GST)
<input type="checkbox"/> Affiliated	\$2,500 per annum

Membership is valid until 31 December 2020

MEMBERSHIP LEVEL IS BASED ON ANNUAL TURNOVER:

Membership	Turnover
Small	< \$1 m
Medium	\$1 m - \$2.5 m
Large	>\$2.5 m

Please note your annual turnover for the previous year:

\$ _____

WHAT DO YOU FARM AND PERCENTAGE OF ENTERPRISE (Choose all that apply)

- Meat _____ % SHEEP/CATTLE
- Wool _____ %
- Grain _____ % CEREALS/OIL SEEDS/PULSES
- Dairy _____ %
- Bees _____ %
- Other _____ % PLEASE SPECIFY: _____

ADDITIONAL DETAILS OF FAMILY OR BUSINESS MEMBERS TO BE INCLUDED UNDER THIS MEMBERSHIP

Name	Email Address	Mobile Number
1.		
2.		
3.		
4.		
5.		
6.		



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PAYMENT OPTIONS

- 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 _____

- Pay by direct debit**

DIRECT DEBIT AGREEMENT

I (full name) _____ of the 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.

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

Membership will commence on receipt of payment.

FOR OFFICE USE ONLY

Membership Number _____ Welcome Member
Zone _____ Details sent to Zone
Date Entered _____ Details to Finance and Administration Manager
Invoice Number _____ Details to other relevant departments