

Membership Application Form 2020



CONTACT DETAILS

Trading Name: _____

Primary Contact: _____

Postal Address: _____ Postcode: _____ State: _____

Phone: _____ Mobile: _____ Email: _____

MEMBERSHIP: *Membership is fully tax deductible*

FULL MEMBERSHIP	Rate (including GST)
<input type="checkbox"/> Small	\$600 per annum
<input type="checkbox"/> Medium	\$1,000 per annum
<input type="checkbox"/> Large	\$2,000 per annum
ALTERNATE MEMBERSHIP	Rate (including GST)
<input type="checkbox"/> AgConnectWA	\$70 per annum
<input type="checkbox"/> Retired	\$390 per annum
<input type="checkbox"/> Hobby Farmers	\$50 per annum
<input type="checkbox"/> Friends of Farmers	\$50 per annum

Membership referral by: _____

MEMBERSHIP LEVEL IS BASED ON ANNUAL TURNOVER:

Membership	Turnover
Small	< \$1 m
Medium	\$1m - \$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: _____

FOR AGCONNECTWA MEMBERS

Farming (please specify): _____

Non-farming (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, Acct 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 Add to mailing lists (newsletter, zone)
- Zone _____ Details sent to Zone
- Date Entered _____ Finance processed
- Invoice Number _____ Details to other relevant departments

 www.facebook.com/WAFarmers

 www.twitter.com/WAFarmers

 www.youtube.com/user/WAFarmersFederation