

Membership Application Form 2020



**All fields are mandatory*

CONTACT DETAILS

Name _____ DOB: / / _____

Postal Address: _____

Postcode: _____ State: _____ Phone: _____

Mobile: _____ Email: _____

MEMBERSHIP: *Membership is fully tax deductible*

Are you a farmer?

FULL MEMBERSHIP

Rate (including GST)

AgConnectWA

\$70 per annum

Yes No

If you are a farmer, what do you farm?

Wool Meat Dairy Grains

Other (please specify occupation): _____

Membership is valid until 31 December 2020.

PAYMENT

Pay by credit card

Please charge \$_____ to my (please check one box) VISA MASTERCARD

Name on card _____ Card Number _____

CVC _____ Expiry ____ / ____

I (full name) _____ of above address
authorise The Western Australian Farmers Federation Inc to debit funds from the financial institution account as
details below to validate my membership to AgConnectWA.

By signing this credit card request I acknowledge the terms and conditions governing debit
arrangements between myself, AgConnectWA and The Western Australian Farmers Federation Inc.

Signed _____

Date ____ / ____ / ____



Membership Application Form 2020

INVOLVEMENT IN AGRICULTURE

Please explain your involvement in the agricultural sector.

- Agribusiness
 Law
 Employed on a farm
 Farming organisation
 Machinery
 Transport
 Family connections
 No involvement
 Other (please specify): _____

HOW DID YOU HEAR ABOUT AGCONNECTWA?

- Social media
 Word of mouth
 Attended an AgConnectWA event
 Radio
 Attended a WAFarmers event
 Print media (Countryman, Farm Weekly, etc)
 Website
 Search engine
 Forum or blog
 University/studies
 Other (please specify): _____

MEMBERSHIP DECLARATION AND SIGNATURE

I wish to become a member of the AgConnectWA and agree to abide by the organisation's rules as set out in the AgConnectWA Constitution.

Signature _____

Date ____ / ____ / ____

PRIVACY ACT

The information you provide to AgConnectWA is used by AgConnectWA and The Western Australian Farmers Federation Inc 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 AgConnectWA by way of 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 AgConnectWA update your records by contacting the Membership Coordinator in writing at WAFarmers, PO BOX 556, Belmont WA 6984.

RETURN TO THE WESTERN AUSTRALIAN FARMERS FEDERATION INC:

PO Box 556, Belmont, WA, 6984, or email agconnectwa@gmail.com or reception@wafarmers.org.au

Membership will commence on receipt of payment.

FOR OFFICE USE ONLY

Membership Number _____

Zone _____

Date Entered _____

Invoice Number _____

- Email sent to Member
 Details to Finance and Administration Manager
 Details to other relevant departments

