

# Associated Membership Application Form 2023

## 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"/> Associated	\$2,500 per annum

## 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:

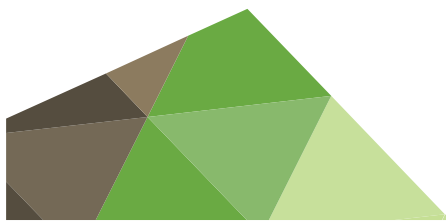
\$ \_\_\_\_\_

## 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 1105, Bentley WA 6983.

**RETURN TO WAFARMERS: PO Box 1105, Bentley, WA, 6983 or email [reception@wafarmers.org.au](mailto: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