

Allied Business Membership Application Form 2018

BUSINESS DETAILS

Business Name: _____

Business Address: _____ State: _____ Postcode: _____

Postal Address: _____ State: _____ Postcode: _____

Primary Contact: _____ Position: _____

Phone: _____ Mobile: _____ Email: _____

MEMBERSHIP: *Membership is fully tax deductible*

What Are Your Interests?

MEMBERSHIP	Rate (including GST)
<input type="checkbox"/> Basic	\$280 per annum
<input type="checkbox"/> Medium	\$555 per annum
<input type="checkbox"/> Large	\$830 per annum

Wool Meat

Dairy Grains

Other Bees

If 'other', please specify:

To discuss these membership types, contact our Membership Coordinator, Sara Andacic, on (08) 9486 2100 or email saraandacic@wafarmers.org.au.

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 _____

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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 an Allied Business 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 _____
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

 www.twitter.com/WAFarmers

 www.youtube.com/user/WAFarmersFederation