

Bee Membership Application Form 2018



CONTACT DETAILS

Trading Name: _____

Primary Contact: _____

Primary Contact DOB: / / Postal Address: _____

Postcode: _____

State: Phone: Mobile: _____

Email: _____

MEMBERSHIP: *Membership is fully tax deductible*

	Number of Hives	Rate (including GST)
<input type="checkbox"/>	1 – 99 Hives	\$290.00 per annum
<input type="checkbox"/>	100 – 199 Hives	\$460.00 per annum
<input type="checkbox"/>	200 – 299 Hives	\$715.00 per annum
<input type="checkbox"/>	300 + Hives	\$900.00 per annum
<input type="checkbox"/>	Retired	\$290.00 per annum

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 _____

Alternative split payment options are available. Please indicate if you would choose to pay membership in full or over monthly increments.

- Pay membership fee in full**
- Pay membership over monthly increments** (Please note that paying monthly increments is a 12 month obligation)

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 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 or email shannenbarrett@wafarmers.org.au
Membership will commence on receipt of payment.

If you have any questions please contact the office on (08) 9486 2100 or email Shannen Barrett

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