COMPLETE YOUR DETA	ILS	
Company name:		ACN/ABN:
Address:		
Postal address: (if different from a	bove)	
Phone:		
Main contact Name:		Job title:
Phone: Office:	Mobile:	Email:
Financial contact Name:		Job title:
Phone: Office:	Mobile:	Email:
As a proud member we give permi	ission for Australian Grape and Wine to d	splay our company's name and logo as a member on their website: \Box Y \Box I
approval as a member agree	understood the Constitution of Aus e to be bound by those terms. Mem	hereby apply for membership of Australian Grape and Wine Inc. Itralian Grape and Wine Inc (available at agw.org.au) and upon Ibers of Australian Grape and Wine Inc are signatories to the Itralian Grape and Wine Inc receives your signed and dated form. Date: / /
MEMBERSHIP □ New □ Existing Member	ership number:	
LEVY INFORMATION FOR	R AFFILIATE MEMBERSHIP: (16	evy amounts are inc GST)
☐ Full Member		Levy \$6685 inc GST
☐ Associate Member		Levy \$1670 inc GST
		TOTAL MEMBERSHIP LEVY \$

PAYMENT OPTION □ EFT: Australian Grape and Wine BSB: 035-000 Account: 739200 Please reference payment with company name or Australian Grape and Wine membership number and confirm by email to info@agw.org.au □ Cheque: payable to Australian Grape and Wine Incorporated to accompany this form □ Credit card: payments of Australian Grape and Wine levies can be made when completing an online membership form: www.agw.org.au/members/how-to-apply

RETURN THIS FORM Return this form: PO Box 2414 Kent Town SA 5071; OR Email info@agw.org.au; OR Phone 08 8133 4300