

accompany this form

2020/201 Membership Form / Student

COMPLETE YOUR DETAILS		
Student First Name:	Surname:	
Address:		
Postal Address: (if different from above)		
Mobile:		
Email:		
Teaching Institution & Campus:		
Enrolled Course:		
SIGN YOUR MEMBERSHIP FORM		
I (name)herby apply for student membership of Australian Grape and Wine. In doing so I have read and understood the Constitution of Australian Grape & Wine (available at		
agw.org.au) and upon approval as a member, agree to be bound by those terms. Your membership		
becomes effective when Australia Grape and Wine receives your signed and dated form.		
STUDENT MEMBERSHIP		
□ New □ Existing Membership number:		\$25.00 (inc gst)
PAYMENT OPTION		RETURN THIS FORM
☐ EFT: Australian Grape and Wine BSB : 035-000		PO Box 2414
Please reference payment with your name or A Wine member number and confirm by email to	•	Kent Town SA 5071; OR
		Email: info@agw.org.au
☐ Cheque: payable to the Australian Grape and \	Wine Incorporated, to	Phone: 08 8133 4300

This form constitutes a Tax Invoice. ABN 45 903 873 163 Individual information is kept strictly confidential in accordance with our privacy policy.