



# 2020/2021 Membership Form Affiliate Membership

## COMPLETE YOUR DETAILS

Company name: (if applicable)

ACN/ABN:

Address:

Postal address: (if different from above)

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 permission for Australian Grape and Wine to display our company's name and logo as a member on their website: ☐ Y ☐ N

## SIGN YOUR MEMBERSHIP FORM

On behalf of the above organisation / individual, I (name)

holding the position of (title)

hereby apply for membership of Australian Grape and Wine Inc.

In doing so I have read and understood the Constitution of Australian Grape and Wine Inc (available at [agw.org.au](http://agw.org.au)) and upon approval as a member agree to be bound by those terms. Members of Australian Grape and Wine Inc are signatories to the ABAC scheme. Your membership becomes effective when Australian Grape and Wine Inc receives your signed and dated form.

Signature:

Date: / /

## MEMBERSHIP

☐ New ☐ Existing

Membership number:

## LEVY INFORMATION FOR AFFILIATE MEMBERSHIP: (levy amounts are inc GST)

<input type="checkbox"/> <b>Partner Affiliate Member</b>	Levy \$6685 inc GST
<input type="checkbox"/> <b>Sponsor Affiliate Membership</b>	Levy \$1670 inc GST
<input type="checkbox"/> <b>Professional Affiliate Member</b>	Levy \$150 inc GST
<b>TOTAL MEMBERSHIP LEVY \$</b>	

☐ I would like to request deferring payment until 30 September 2020

## PAYMENT OPTION

- ☐ **EFT:** Australian Grape and Wine **BSB:** 035-000 **Account:** 739200  
Please reference payment with company / individual name or Australian Grape and Wine membership number and confirm by email to [info@agw.org.au](mailto: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](http://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](mailto:info@agw.org.au); **OR**
- 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.