



2021/2022 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) 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"/> Partner Affiliate Member	Levy \$6760 inc GST
<input type="checkbox"/> Sponsor Affiliate Membership	Levy \$1690 inc GST
<input type="checkbox"/> Professional Affiliate Member	Levy \$155 inc GST
TOTAL MEMBERSHIP LEVY \$	

I would like to request deferring payment until 30 September 2021

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
- 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