COMPLETE YOUR DETAI	LS			
Company name: (if applicable)		ACN/ABN:	ACN/ABN:	
Address:				
ostal address: (if different from ab	pove)			
hone:				
lain contact Name:		Job title:		
none: Office:	Mobile:	Email:		
inancial contact Name:		Job title:		
hone: Office:	Mobile:	Email:		
SIGN YOUR MEMBERSHI	PFORM			
On behalf of the above orga	nisation / individual, I <i>(name)</i>			
holding the position of (title) hereby apply for		/ for membership of Australian (Grape and Wine Inc	
Signature: EMBERSHIP New	rship number:	Date:		
	AFFILIATE MEMBERSHIP: (levy amounts are in	nc GST)		
□ Partner Affiliate Member □ Sponsor Affiliate Membership			Levy \$7105 inc GST	
☐ Sponsor Anniate Members ☐ Professional Affiliate Mem			Levy \$1776 inc GST Levy \$163 inc GST	
		TOTAL MEMBERSHIP LEVY	\$	
I would like to request deferring	payment until 30 September 2022	RETURN THIS FORM	1	
□ 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 Return this form: Kent Town SA 50		: PO Box 2414		
☐ Cheque: payable to Australian Grape and Wine Incorporated to accompany this form ☐ Email info@agw.c		org.au; OR		
☐ Credit card: payments of Australian Grape and Wine levies can be made when completing an online membership form: agw.org.au/members/membership-categories Phone 08 8133 4300		300		