COMPLETE YOUR DETAILS				
Company name: (if applicable)		ACN/ABN:	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:		
SIGN YOUR MEMBERSHIP F	ORM			
On behalf of the above organisa	tion / individual, I (name)			
holding the position of (title) hereby apply for membership of Australian Grape ar			Grape and Wine Inc.	
approval as a member agree to	erstood the Constitution of Australian Gra de bound by those terms. Members of Au do becomes effective when Australian Gra	ustralian Grape and Wine Inc are sign	atories to the	
Signature:		Date:	//	
MEMBERSHIP				
☐ New ☐ Existing Membership	number:			
LEVY INFORMATION FOR AF	FILIATE MEMBERSHIP: (levy amounts	s are inc GST)		
☐ Partner Affiliate Member			Levy \$7389 inc GST	
☐ Sponsor Affiliate Membership			Levy \$1847 inc GST	
☐ Professional Affiliate Member			Levy \$170 inc GST	
		TOTAL MEMBERSHIP LEVY	\$	
☐ I would like to request deferring pay	ment until 30 September 2023			
PAYMENT OPTION		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		Sura 2	Return this form: PO Box 2414 Kent Town SA 5071; OR	
☐ Cheque: payable to Australian Grape and Wine Incorporated to accompany this form		is form Email info@agw.	Email info@agw.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 4	300	