COMPLETE YOUR DETAI	LS			
Company name: (if applicable)		ACN/ABN:	ACN/ABN:	
Address:				
ostal address: (if different from ab	oove)			
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	y for membership of Australian (	Grape and Wine Inc	
Signature:  EMBERSHIP  New	rship number:	Date:		
	AFFILIATE MEMBERSHIP: (levy amounts are	inc GST)		
□ Partner Affiliate Member □ Sponsor Affiliate Membership			Levy \$7389 inc GST Levy \$1847 inc GST	
Professional Affiliate Mem			Levy \$170 inc GST	
		TOTAL MEMBERSHIP LEVY	\$	
I would like to request deferring	payment until 30 September 2023	RETURN THIS FORM	1	
□ <b>EFT:</b> Australian Grape and Wine <b>BSB</b> : 035-000 <b>Account:</b> 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 507				
☐ Cheque: payable to Australian Grape and Wine Incorporated to accompany this form		org.au; <b>OR</b>		
· · ·	ustralian Grape and Wine levies can be made when rship form: agw.org.au/members/membership-categoric	Phone 08 8133 4300		