



2026/2027 Membership Form Affiliate Membership

COMPLETE YOUR DETAILS

Company name: <i>(if applicable)</i>		ACN/ABN:
Address:		
Postal address: <i>(if different from above)</i>		
Phone:		
Main contact Name:		Job title:
Phone: Office:	Mobile:	Email:
Financial contact Name:		Job title:
Phone: Office:	Mobile:	Email:

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. By becoming a member, you acknowledge and agree that your business /brand name may be used in our marketing collateral, including but not limited to our website, promotional materials and any other platforms deemed appropriate by Australian Grape and Wine Inc. Your membership becomes effective when Australian Grape and Wine Inc receives your signed and dated form.

Signature: _____ Date: ____ / ____ / ____

MEMBERSHIP

☐ New ☐ Existing Membership number: _____

FEE INFORMATION FOR AFFILIATE MEMBERSHIP: *(fee amounts are inc GST)*

☐ Partner Affiliate Member	Fee \$7389 inc GST
☐ Sponsor Affiliate Membership	Fee \$1847 inc GST
☐ Professional Affiliate Member	Fee \$170 inc GST
TOTAL MEMBERSHIP FEE	
\$	

☐ I would like to request deferring payment until 30 September 2026

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: agw.org.au/members/membership-categories

RETURN THIS FORM

- Return this form:** PO Box 2414
Kent Town SA 5071; **OR**
- Email** info@agw.org.au; **OR**
- Phone** 08 8133 4300