



AQUACULTURE COUNCIL
OF WESTERN AUSTRALIA

MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

Name of Applicant:

Registered Company / Association / Trust:

ACN/ABN:

Aquaculture Licence No.(s):

Business address of Applicant:

Postal address of Applicant:

Location No.(s) (e.g. Swan Location 34251):

Phone:

Mobile:

Email:

NOMINATED REPRESENTATIVE

NB: This person will receive all notices and correspondence and be able to vote at the AGM on relevant matters.

Name:

Representative Address:

Phone:

Mobile:

E-mail:

ELIGIBILITY OF APPLICANT

Application is made under Rule 5.2 of the ACWA Rules of Association as follows:

FULL MEMBERSHIP (tick one box only)

- Holds an authorisation issued by the relevant State, Territory or Commonwealth Authority to permit them to engage in commercial aquaculture.
- Has a demonstrable record of activity in commercial aquaculture.
- Is an incorporated association with similar interests in commercial aquaculture to the Association or is an organisation of which the Association is a member or other participant.
- Is an academic, scientist or other professional with expertise in aquaculture, a university or tertiary institution or a research institute or organisation in the field of commercial aquaculture.

ASSOCIATE MEMBERSHIP (tick one box only)

- Is currently enrolled in, or has successfully completed, an aquaculture degree or diploma course at a university or tertiary institution.
- Is an organisation that provides materials and/or equipment to the aquaculture industry.

Describe briefly the specific nature of your organisation as it relates to the eligibility criteria:

Which industry sector(s) are you or your organisation involved in? Abalone Aquarium Fish Freshwater Fish Marine Finfish Marron Mussels Oysters Pearls Scallops Yabbies R&D / Training

ANNUAL MEMBERSHIP FEES

Pro-rata rate payment for the year of joining:

- January 1 to March 31 = 50% April 1 to June 30 = 25%
 July 1 to September 30 = 100% October 1 to December 31 = 75%

Full Member (with more than 25 employees):	<input type="checkbox"/>	\$990 (incl. GST)
Full Member (with more than 5 but fewer than 25 employees):	<input type="checkbox"/>	\$660 (incl. GST)
Full Member (with more than 1 but fewer than 5 employees):	<input type="checkbox"/>	\$440 (incl. GST)
Full Member (individual)	<input type="checkbox"/>	\$275 (incl. GST)
Associate Member	<input type="checkbox"/>	\$110 (incl. GST)
One-off joining fee	<input checked="" type="checkbox"/>	\$55 (incl. GST)
Total amount payable		\$ (incl. GST)

Please invoice me

Electronic Transfer to BSB: 036-306 Account: 571900 (Please use Applicant name as reference)

PLEASE NOTE THAT YOUR MEMBERSHIP IS AN ALLOWABLE BUSINESS EXPENSE FOR TAX PURPOSES

DECLARATION

Upon acceptance of this application, membership is continuous until such time as written intent to resign is received. The Applicant agrees to be bound by the Constitution of the Aquaculture Council of Western Australia Inc and to comply with the rules and regulations of the Board and/or Council as appropriate. A copy of the Constitution is available upon request. Members' records are confidential and are not exposed to any third party.

Name:		Position:	
Signature:		Date:	