

MEMBERSHIP APPLICATION FORM

of Western Australia					APPLICANT INFORMATION						
Name of Applicant:											
Registe	red Com	pany / As	sociation	n / 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:											
Repres	entative	Address:									
Phone:						Mobile:					
E-mail:											
ELIGIBILITY OF APPLICANT											
Application is made under Rule 5.2 of the ACWA Rules of Association as follows:											
FULL M	IEMBERS	HIP (tick	one box	only)							
	1	Holds an authorisation issued by the relevant State, Territory or Commonwealth Authority to permit them to engage in commercial aquaculture.									
	Has a d	as a demonstrable record of activity in commercial aquaculture.									
	1	an incorporated association with similar interests in commercial aquaculture to the Association or is an organisation of hich the Association is a member or other participant.									
	1	s an academic, scientist or other professional with expertise in aquaculture, a university or tertiary institution or a research nstitute or organisation in the field of commercial aquaculture.									
ASSOCI	IATE ME	MBERSHI	P (tick or	ne box only)							
		currently enrolled in, or has successfully completed, an aquaculture degree or diploma course at a university or tertiary stitution.									
	Is an or	an organisation that provides materials and/or equipment to the aquaculture industry.									

Briefly describe the specific nature of your organisation as it relates to the eligibility criteria:											
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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 (v	vith more than 25 employees of members):		\$990 (incl. GST)								
Full Member (v	vith more than 5 but fewer than 25 employees of mem		\$660 (incl. GST)								
Full Member (v	vith more than 1 but fewer than 5 employees of members		\$440 (incl. GST)								
Full Member (i	ndividual)		\$275 (incl. GST)								
Associate Mem	aber		\$110 (incl. GST)								
One-off joining	fee		\$55 (incl. GST)								
Total amount p	payable		\$	(incl. GST)							
☐ Enclosed is a cheque payable to the Aquaculture Council of Western Australia											
☐ 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:									