



Plant Health
AUSTRALIA

Plant Health Australia Ltd ACN 092 607 997 ABN 97 092 607 997

APPLICATION FOR MEMBERSHIP

Business Name _____

ACN _____ ABN _____

Business address _____ Street
_____ City, State, Postcode

Mailing address _____ Street or PO Box
_____ City, State, Postcode

Telephone _____ Facsimile _____

Website www. _____

Category of Membership:
(please tick)

Government

Plant Industry*

Associate

* Plant Industry application for membership must be accompanied by a list of the crops that are to be represented and evidence supporting the qualification to represent those crops.

On behalf of the above mentioned organisation, I, _____,

holding the position of, _____ residing at,

1. hereby apply for membership of Plant Health Australia Limited; and
2. have read and understood the constitution of Plant Health Australia Limited and, once approved as a member, agree to bind the organisation to its terms.

Signature _____ Date _____

Application for Membership continued

The nominated representative of the above mentioned organisation shall be,

..... holding the position of,

..... residing at,

.....

I hereby consent to act as the nominated representative of the above mentioned organisation.

Signature _____ Date _____

Correspondence and notices are to be sent to (please tick or specify):

Nominated Representative	<input type="checkbox"/>	Other	<input type="checkbox"/>
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If the address for correspondence and notices is different to the mailing address, please specify:

_____ Street or PO Box
_____ City, State, Postcode

Contact details

Applicant
Ph: _____
Fax: _____
E-mail: _____

Nominated Rep.
Ph: _____
Fax: _____
E-mail: _____

Other
Ph: _____
Fax: _____
E-mail: _____

*In accord with the constitution of Plant Health Australia Limited, this application is to be accompanied by an application fee. The application fee is \$500.00 and is inclusive of Goods and Services Tax. Cheques should be made payable to **PLANT HEALTH AUSTRALIA**.*

This application and accompanying cheque should be forwarded to PO Box 363, Curtin ACT 2605.

*This Application for Membership form shall become a **Tax Invoice** on clearance of the cheque for the application fee by PHA's bank.*