

PO Box 1358 Kalamunda WA 6926 PH: 0429 723 982

E: <u>lisa.passmore@ngiwa.com.au</u>

ABN: 92 717 005 170

Membership Application - 2023/2024

Business Details						
Business/Organisation Name:						
Trading As:						
Postal Address:						
Street Address:						
Street Address (Additional Site):						
Phone:						
Email:						
Website:						
Business Contact Name:						
Business Contact Email:						
Owner/s Name:						
Owner/s Email:						
Accounts Contact Name:						
Accounts Contact Email:						
Business Category						
☐ Production Nursery	☐ Garden Centre		□ Product	tion & Retail	□ Allied Trade	
☐ Educational	□ Lo	cal Government	□ Other (Specify)			
Business Description	n - PLE	ASE PRINT				
Provide a brief description & product specialisation/services for inclusion in the members listing max 70 words. If not enough room please attach further information with your application.						
NGIWA Authorised Representatives Please nominate the person(s) from your company authorised to vote on behalf of the business						
Your company authorised NGIWA representative:						
Your company substitute authorised NGIWA representative:						



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Fee Struc	(FTE = Full Time Equivalent which includes working owners)			
	Category	No of FTE	Annual Fee	
	Small	1-4	\$1050	
	Medium	5-10	\$1520	
	Large	11-20	\$2060	
	Extra Large A	21-40	\$2830	
	Extra Large B	41+	\$4230	
	Additional outlets of full members/TAFE	-	\$660	
	Associate Members	-	\$1050	
	Joining Fee (applicable to all categories when	\$150		

To qualify as a member, all applicants must have a good standard of operation and hygiene.

An Association representative may inspect green-stock premises (metro only) prior to acceptance.

I/We hereby agree to uphold the Industry's Code of Ethics (refer ngiwa.com.au) and pledge my commitment to improve general business practices.

I/We agree for the contact details to be included in the online Nursery Trade Register produced and managed by GIA and agree that the onus is on our company to inform NGIWA and GIA of changes to our contact details to maintain currency of listing.

AN INVOICE FOR SUBSCRIPTION WILL BE SENT AFTER ACCEPTANCE OF MEMBERSHIP

Applicant Nominated By:			
Company Name (must be a NGIWA memb	per):		
Signature of Nominator:			
Date:			
Signature of Applicant:			
Date:			
We would like the following staff	adde	d to the NGIWA communicati	on:
Name		Position	Email