

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 - 2024/2025

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	Business Category						
☐ Production Nursery	□ Ga	rden Centre	☐ Product	ion & Retail	☐ Allied Trade		
☐ Educational	□ Loc	cal Government	☐ Other (Specify)				
Business Description	– PLEAS	E PRINT (or type)					
Please provide a concise description of your product specialisations/services for inclusion in the member listing, maximum 70 words. If additional information is needed, please attach it along 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 Structure (ex GST) (FTE = Full Time Equivalent which includes working owners)					
	Category	No of FTE	Annual Fee		
	Small Business	1-4	\$1085		
	Medium Business	5-10	\$1,575		
	Large Business	11-20	\$2,130		
	Business Extra Large A	21-40	\$2,925		
	Business Extra Large B	41+	\$4,375		
	Additional sites of full members and TAFE campuses	n/a	\$680		
	Associate Members (e.g. TAFE primary campus)	n/a	\$1,085		
	Joining Fee (applicable to all above categories when first applying)		\$150		
	Rural/Remote subscription offer.		\$395		

To qualify for membership, all applicants must maintain a good standard of operation and hygiene. An Association representative may conduct inspections of green stock premises (metro area only) before acceptance. I/We hereby commit to upholding the Industry's Code of Ethics (available at ngiwa.com.au) and pledge to enhance general business practices. I/We agree to have our contact details included in the online Nursery Trade Register managed by GIA and acknowledge our responsibility to promptly update NGIWA and GIA with any changes to maintain current listing. * Upon acceptance of membership, an invoice for the subscription will be issued.

Applicant Nominated By:				
Company Name (must be a NGIWA member):				
Signature of Nominator:				
Date:				
Signature of Applicant:				
Date:				
We would like the following staff added t	o the I	NGIWA communication:		
Name	Position		Email	