



ABN: 43 387 197 525

Email: office@ntaga.com

MEMBERSHIP APPLICATION

TAX INVOICE

PERSON/COMPANY NAME: _____

COMPANY ABN: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

PRINCIPAL ACTIVITY: (please circle one or more of the following) _____

IRRIGATION GRAIN HAY PRODUCTION HORTICULTURE PASTORAL

OTHER (If other please provide a brief description) _____

AREA IN PRODUCTION (HA) : _____

* MEMBERSHIP APPLIED FOR: *FULL MEMBERSHIP* OR *ASSOCIATE MEMBERSHIP*

Please note that there is a limit of two full members per partnership, property or company

Membership is valid from 1st JULY to 30th JUNE in the following year.

Full Membership – Annual subscription \$220.00 inc. GST. Membership fee instalments can be negotiated.

Associate Membership – Annual Subscription of \$220.00 inc. GST

*A list of Membership benefits can be supplied on request.

NOMINATING MEMBERS: _____

Committee Use Only:

ACCEPTED NOT ACCEPTED

Endorsed at meeting number _____ Date ____ / ____ / ____
