



ASSOCIATE MEMBERSHIP APPLICATION

APPLICANT COMPANY/TRADING NAME: _____

ABN: _____

CONTACT NAME: _____

POSTAL ADDRESS: _____

SUBURB & POST CODE: _____

MOBILE: _____

TELEPHONE: _____

EMAIL: _____

TYPE OF BUSINESS: _____

I hereby apply to become an associate member of Passionfruit Australia Incorporated. In the event of admission as a member, I agree to be bound by the Constitution and other rules being in force from time to time and to pay all levies or other charges imposed by Passionfruit Australia Incorporated. I declare that I am an authorised officer of the applicant company.

A copy of the Constitution can be found at www.passionfruitaustralia.org.au

APPLICANT SIGNATURE

DATE

The undersigned nominators attest that they are a current member of Passionfruit Australia Incorporated and the applicant organisation is personally known to them. Please contact the Industry Services Manager if you do not know any nominators.

NOMINATOR 1

NOMINATOR 2

SIGNATURE

SIGNATURE