



GROWER MEMBERSHIP APPLICATION

APPLICANT NAME: _____

COMPANY/TRADING NAME: _____

ABN: _____

POSTAL ADDRESS: _____

SUBURB & POST CODE: _____

FARM ADDRESS: _____

SUBURB & POST CODE: _____

LOCAL GOVERNMENT OR SHIRE: _____

MOBILE: _____

TELEPHONE: _____

EMAIL: _____

APPROX. AREA OF PLANTING: _____

APPROX. NUMBER OF PLANTS: _____ **VARIETIES TO BE GROWN:** _____

I hereby apply to become a member of Passionfruit Australia Incorporated. In the event of my 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. 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 is personally known to them. Please contact the Industry Services Manager if you do not know any nominators.

NOMINATOR 1

NOMINATOR 2

SIGNATURE

SIGNATURE