



## Application for Membership

Membership to Greenlife Industry Australia

I,

of organisation (if applicable)

hereby confirm my/our commitment to join Greenlife Industry Australia, the peak body for the Australian nursery and garden industry. The category of membership I/we commit to is:

| Voting Categories             | 12 Month Fee   | Amount    |
|-------------------------------|--|-----------|
| <b>Businesses (turnover)</b>  |  |           |
| Largest business (\$20m+)     | \$4,000  | \$        |
| Large business (\$5-20m)      | \$3,000  | \$        |
| Medium business (\$1- 5m)     | \$1,500  | \$        |
| Small business (<\$1m)        | \$1,000  | \$        |
| <b>Associations (members)</b> |  |           |
| Large association (200+)      | \$318 per member<br>Number Members_____              | \$        |
| Medium association (100-199)  |  | \$        |
| Small association (20-99)     |  | \$        |
| <b>Non-Voting Categories</b>  |  |           |
| Individual                    | \$190  | \$        |
| Affiliate organisation        | \$1,000  |           |
| Student - FREE                | Please apply through Student Member application form |           |
| <b>PLUS GST</b>               |  | <b>\$</b> |
| <b>TOTAL (INC GST)</b>        |  | <b>\$</b> |

I/we commit

- that I/we have a primary/aligned interest in the Greenlife Industry supply chain.
- to join, Greenlife Industry Australia from acceptance until 30 June 2020.
- to be bound by the constitution of the company
- to be bound by any members Code of Conduct which may be in effect, as amended, from time to time.

Authorised signatory

Date

Please return your signed application by email to [info@greenlifeindustry.com.au](mailto:info@greenlifeindustry.com.au).

A tax receipt will be provided to you upon acceptance of your application. Thank you.



Greenlife  
Industry Australia

# Membership Application Form

## Membership Information

### Business Information

Company Name:

Trading Name:

ABN:

ACN/ARBN:

Industry Sector:

Business Address:

State:

Post Code:

Postal Address:

State:

Post Code:

Company Email:

Company Phone:

Website:

### Contact Information

**Authorised Contact** (*owner, managing director, general manager*)

Name:

Email:

Phone:

### Finance Contact

Email:

Name:

### Additional Information

Are you a nursery pot levy payer?

### Payment by Credit Card

(Credit card payment attract a 2.975% fee)

*please complete your credit card details below* Visa  
or Mastercard

Please send me a tax invoice

Card Holders Name:

Card Number:

Expiry Date:

Security Number:

Amount:

Date:

Signature: