



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

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 2021.
- 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.

Member rate will be pro-rated to 30 June 2021. 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: