



## ASSOCIATE MEMBERSHIP APPLICATION FORM

### APPLICANT INFORMATION

Name of Applicant:

ACN/ABN:

Address of Applicant:

Postal address of Applicant:

Phone:

Fax:

Mobile:

Email:

### NOMINATED REPRESENTATIVE

NB: This person will receive all notices and correspondence on relevant matters.

Name:

Representative Address:

Phone:

Mobile:

Fax:

E-mail:

### ELIGIBILITY OF APPLICANT

Application is made under Rule 6(2)(b) of the WAFIC Rules of Association as follows:

A person, business, company or partnership which the Board of Directors is satisfied is carrying on business in a service, profession or industry ancillary to, or servicing the fishing industry, and which the Board of Directors in its absolute discretion accepts as having sufficient standing in the fishing industry to be able to assist in the furtherance of the objects of the Association.

**Describe Briefly the Specific Nature of Your Organisation as it relates to the eligibility criteria:**

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### SUBSCRIPTION FEE

Application Fee:	\$110.00 (\$100.00 + \$10.00 GST)	Payable on application
Current Annual Subscription:	\$110.00 (\$100.00 + \$10.00 GST)	Payable on approval of Associate Membership and receipt of invoice

## DECLARATION

**Upon acceptance as an associate member of WAFIC, we hereby authorise WAFIC to enter our name in the Register of Members, and promise faithfully to abide by the Rules of the Council.**

Signature of applicant:

Date:

**NB: A copy of the current WAFIC Rules will be available on request after approval of this membership application.**

WAFIC Office Use only:

1	<input type="checkbox"/>	Nomination Fee Received
2	<input type="checkbox"/>	Membership approved at Board meeting
3	<input type="checkbox"/>	Membership package & letter sent
4	<input type="checkbox"/>	Member register updated
5	<input type="checkbox"/>	Email & other records completed

**NB:** Answers to 1 above MUST be 'YES' before application can be referred to the Board for approval