Application for Associate Membership

Thank you for applying to become an Associate member of the Australian Food and Grocery Council.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Associate member eligibility: Associate Membership is available to those not eligible for Full Membership. Can be an individual or body corporate involved in or interested in the industry. Associate Members are not eligible to vote at General Meetings, stand for Board or Committee membership but may participate in working groups and sector specific forums by invitation. | | | | | |
| Company Contact Information | | | | | |
| Full Company/Organisation Name: | | |  | | |
| ABN: | | |  | | |
| Head Office – Street Address: | | |  | | |
| Head Office – Postal Address: | | |  | | |
| Head Office – Telephone: | | |  | | |
| Website: | | |  | | |
| Nature of the Business: | | |  | | |
| Services Provided: | | |  | | |
| Number of Employees: | | |  | | |
| Chief Executive Officer/Managing Director (Australia) | | | | | |
| Salutation: |  | First Name: |  | Surname: |  |
| Position Title: | | |  | | |
| Email Address: | | |  | Primary Telephone: |  |
| Executive Assistant: | | |  | Email: |  |
| Member Representative  The representative of the member organisation with responsibility for attending the AGM, receipt of the renewal notification and annual invoice (this can be CEO/MD or another). | | | | | |
| Salutation: |  | First Name: |  | Surname: |  |
| Position Title: | | |  | | |
| Email Address: | | |  | Primary Telephone: |  |
| Primary Contact  The primary contact for the member organisation who will receive general communications from the AFGC (this can be CEO/MD or another). | | | | | |
| Salutation: |  | First Name: |  | Surname: |  |
| Position Title: | | |  | | |
| Email Address: | | |  | Primary Telephone: |  |

Membership Fee Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tick one | Fee Group | Annual Membership Dues  (excluding GST) | Membership Category | Annual Turnover  For 12 month period ending 30 June 20XX |
|  |  |  | **Associate Member** |  |
|  |  | $5,000 | To $24M |
|  |  |  |  |
|  |  | $10,000 | Greater Than $24M |

Please do not pay on application, an invoice will be   
sent upon approval by the AFGC Board.

**Finance Contact:**

Tony Sagnelli

Director Business Operations

Australian Food and Grocery Council

Locked Bag 1

KINGSTON ACT 2604

Membership dues are collected on a financial year basis.  Company turnover is held in strict confidence by AFGC.  Under no circumstances is company data shared.  Membership continues until such time as the Member resigns/cancel’s its membership, as detailed in the AFGC Constitution (available upon request or from the AFGC website members centre). If a company decides to cancel their membership with AFGC written notice is required. The cessation of membership will be effective on the date the AFGC receives the written notification, members will be required to pay any outstanding fees calculated to the date of resignation.   Invoices for Membership Dues are issued upon member acceptance to AFGC by the Board and sent to you in your official Welcome Pack.

\* Associate membership fees may be varied by the AFGC Board annually.

**Privacy Statement**

Personal information is collected for the purpose of administering the business of the Australian Food and Grocery Council and communicating with members. It is handled in accordance with the National Privacy Principles. For further details see the Australian Food and Grocery Council’s [Privacy Policy](https://www.afgc.org.au/privacy-policy).

Statement of Application for Membership

|  |  |
| --- | --- |
| **By signing the membership application:**   1. The Company/Organisation hereby applies for membership with the Australian Food and Grocery Council, ACN 068 732 883 (hereinafter called “AFGC”). 2. The Company/Organisation hereby certifies that it has authorised the following executive to act as its member representative at general meetings of the AFGC. 3. The Company/Organisation hereby acknowledges that they have read and understand the rights and responsibilities of membership detailed in the AFGC’s Constitution. | |
| **Company/Organisation:** |  |
| Member Representative Full Name: |  |
| Member Representative Position Title: |  |
| Dated: |  |
| Member Representative Signature: |  |

Submit Application

|  |  |
| --- | --- |
| Please return your completed application by **EMAIL** or **POST** to our friendly member services team: | |
| **Member Services Team**  Australian Food and Grocery Council  Locked Bag 1  KINGSTON, ACT 2604 | E: afgc@afgc.org.au  T: 02 6273 1466 |