**Membership Application**

*The GIAV welcomes applications from entities engaged in the business of grains or ancillary services.*

GIAV Aims to protect the interests of the trade in grain, oilseeds and pulses in Victoria and inspire the confidence, efficiency and stability of the supply chain through advocacy and promotion of the trade including honourable dealings and uniform contracts.

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| **Section 1 – Applicant Details** |

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| --- | --- | --- | --- | --- |
| Company Name |  | | | |
| Contact Name |  | | | |
| Address |  | | | |
| Town |  | State and Postcode |  |
| BH Phone |  | Mob phone |  |
| Email |  | Web address |  |
| GIAV Website listing (Y/N) |  | GTA member (Y/N) |  |
| Company ABN |  | Position of signatory |  |
| Have Directors or Company Officers of the applicant ever been: | | | | |
| 1. A Director or Company Officer of an insolvent company (Y/N) | | |  |
| 2. Employed by companies subject to cancelled membership of GIAV (Y/N) | | |  |
| 3. Convicted of a felony (Y/N) |  | 4. Bankrupt (Y/N) |  |

I have read the Rules for the Grain Industry Association of Victoria (GIAV).

If admitted I agree to be bound by the Rules and By-Laws of the ‘Association’.

For company applicants, I declare that the applicant is a solvent entity.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Section 2 – Membership Nominations** |

Applicants must provide supporting nominations including a brief overview of dealings from two members of the GIAV who have been members for at least one year. Nominations must attest that, based on their business relationship, the applicant is known to them and promotes good business ethics and honourable dealings with GIAV members and others.

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| --- | --- | --- | --- |
| Applicant Company |  | | |
| GIAV Member Company 1 |  | Person nominating |  |
| Brief overview of dealings |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
| Signature |  | Date |  |
| GIAV Member Company 2 |  | Person nominating |  |
| Brief overview of dealings |  | | |
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|  |  | | |
|  |  | | |
|  |  | | |
| Signature |  | Date |  |

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| **Section 3 – Payment** |

**Tax invoice**

**GIAV ABN 56 556 354 727**

Annual Membership Fee (payments will be processed if application is approved):

* GTA members $380.00
* Non-GTA members $480.00

1. I enclose cheque **(payable to GIAV)**

|  |  |  |
| --- | --- | --- |
| 1. Please charge this amount to my credit card | 1. Mastercard | 1. Visa |

Card No. \_\_ \_\_\_ \_\_ \_\_\_ \_\_ \_\_\_ \_\_ \_\_\_ \_\_ \_\_ \_\_\_ \_\_\_ \_\_ \_\_ \_\_\_ \_\_\_ Exp Date:\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cardholders Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Post to:** | GIAV, P O Box 2252, Hawthorn VIC 3122 |
| **Further information:** | Tel: 0413 835793 Fax: 03 9818 2444 Email: giav@giav.com.au |

Please note: *No receipt will be issued. You should retain a copy of this form for your tax records.*