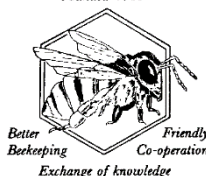


SOUTH AUSTRALIAN APIARISTS' ASSOCIATION INC.

Founded 1945



State President:

Ben Hooper
PO Box 577
TINTINARA SA 5266
M: 0407 820 474
E: president@saaa.org.au

State Secretary:

Heather Williams
PO Box 326
MT COMPASS SA 5210
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APPLICATION FOR MEMBERSHIP

Tax Invoice ABN: 70 114 388 350 (amounts are GST inclusive)

This document becomes a Tax Invoice on payment. Please retain a copy for your records

The Association's financial year runs from 1st May through to 30th April the following year

Applications for membership and payment (with instructions) can be made online

by visiting our website: <http://www.saaa.org.au/membership/join-online>

or by completing the form below and returning to the SAAA Treasurer

MEMBERSHIP RATES 2019-2020

	CATEGORY	VOTES	RATE
<input type="checkbox"/>	Associate member*	1	\$100.00
<input type="checkbox"/>	1 – 50 hives	1	\$100.00
<input type="checkbox"/>	51 – 200 hives	2	\$150.00
<input type="checkbox"/>	201 – 300 hives	3	\$200.00
<input type="checkbox"/>	301 – 400 hives	4	\$250.00
<input type="checkbox"/>	401 – 500 hives	5	\$300.00
<input type="checkbox"/>	501 – 600 hives	6	\$350.00
<input type="checkbox"/>	601 – 800 hives	7	\$400.00
<input type="checkbox"/>	801 and over	8	\$450.00
<input type="checkbox"/>	Kids Club Membership <i>under 16 years</i>	N/A	\$20.00
<input type="checkbox"/>	Newsletter only subscription	N/A	\$100.00

Online payments can be made via PayPal or credit card (VISA, Mastercard, AMEX) *No Surcharge*

Offline payments can be made via direct bank transfer or cheque

Please ensure you include member name as ref: SA Apiarists' Association BSB: 633 000 Account No: 164 368 888

NEW MEMBERSHIP

RENEWAL

NAME: _____

COMPANY NAME: (if applicable) _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE NO: _____ MOBILE NO: _____

EMAIL ADDRESS: _____

NUMBER OF HIVES: _____ BRANCH SELECTION: _____

Are you prepared to have your details included on the emergency breakdown list? Yes No

Are you willing to write a brief business bio to be included in The Buzz magazine? Yes No

Receive The Buzz magazine editions Hardcopy *posted* Digital *via email link*

DATE: _____ SIGNED: _____

Email: treasurer@saaa.org.au or Post: PO Box 326, MOUNT COMPASS SA 5210

*Associate Member: 'an apiarist who has retired from the industry or a person interested in the welfare of the Association' (RULE 1b of the Constitution)

By becoming a member of the South Australian Apiarists' Association, you are agreeing to conform to the Rules set out in the Constitution.