

APPLICATION FOR MEMBERSHIP

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

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

Applications for membership can be made by completing the form below and returning to the SAAA Treasurer via email or post.

	Given Name(s)				Surname			Preferred N	Preferred Name (if different)		
Mr/Mrs Ms/											
Miss											
Address	Address				Suburb			Post Code			
Phone			Phone (Mobile	·)		E-mail Addr	·ess				
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()											
Company Name				Number of Hives			Branch Selection				
							Centra	I / South	East /	/ None*	
Are you prepared				*If	*If you are not in a						
to have y	our		isiness bio or		current Branch area Re			ceive The Buzz magazine editions:			
					would you be willing to assist in establishing			(Circle o	one)		
				one?							
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NEW MEMBERSHIP □ RENEWAL □											
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*Associate Member: an apiarist who has retired from the industry or a person interested in the welfare of the Association and industry. Rule 1 (b) of the Constitution.

SECRETARY:

Miranda Tenney 0419 982 102 PO Box 45, Salisbury SA 5108 secretary@saaa.org.au

This document becomes a Tax Invoice on payment.

Please retain a copy for your records.

TREASURER:
Michelle Cotton
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PO Box 246, KEITH SA 5267
treasurer@saaa.org.au