

AUSTRALIAN ASSOCIATION OF AGRICULTURAL CONSULTANTS

WESTERN AUSTRALIA INCORPORATED

APPLICATION FOR MEMBERSHIP

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APPLICANT'S PERSONAL DETAILS:

Title (Mr, Mrs, Ms etc):
First Name(s):
Last Name:
Occupation:
Residential Street Address:
City:
State: Post Code:
Business Name:
Street Address of Business:
City:
State: Post Code:
Postal Address*:
City:
State:
Phone (business): Phone (home):
Phone (mobile):
E-mail: Web Site:



1. APPLICATION FOR MEMBERSHIP AND DECLARATION AS TO ELIGIBILITY:

I, the applicant for membership of the AAAC, named in this application:

- 1.1 Make application for membership in the following class (check appropriate box):
 - General Member
 - Associate Member
 - Retired Member
- 1.2 Verify that I satisfy the various criteria for the class of membership to which I aspire, as set out in the Rules of the AAAC and reproduced in the attachment to this application form.

1.3 Verify that I:

- am not an undischarged bankrupt;
- am not of unsound mind or a person whose person or estate is liable to be dealt with in any way under the law relating to mental health;
- have not been convicted of an indictable offence; and
- am not a person who is either personally indebted to the AAAC or, alternatively, a director of a corporation which is indebted to the AAAC.
- 1.4 Agree at all times (including with respect to this application) to abide by and be governed by the rules, codes, regulations, by-laws, resolutions and policies of the AAAC, including any changes or amendments to those documents that may occur from time to time.

2. GENERAL MEMBERS

(the following details need only be provided by General Members. Where appropriate, check the appropriate box.):

2.1 I hold the following tertiary degree from the following Institution: Name of Degree: Name of Tertiary Institution: 2.2 I verify that I have rendered gross professional fees for services, as that term is defined in AAAC Rule 7.2.1(c) (an extract of which is attached to this declaration), for the past financial year of no less than \$50,000.00. 2.3 I have been engaged weekly in one or more of the occupations referred to in AAAC Rule 7.2.1(a) (an extract of which is attached to this declaration), on average for the last financial year, for no less than 25 hours per week. I have attended professional development training in one or more of the 2.4 occupations referred to in AAAC Rule 7.2.1(a) (an extract of which is attached to this declaration) during the past financial year totalling hours. Particulars of the names and length of those training sessions are as follows:



3. PRIVACY

I acknowledge and agree that:

- 3.1 The AAAC uses personal information collected from any applicant for membership and any admitted member of the Association so as to both process the application for membership and to provide subsequent membership services to the applicant should he or she be successful in that application.
- 3.2 The AAAC may also use such information collected so as to assist it in conducting its business as an association of agricultural consultants.
- 3.3 The AAAC may disclose information to other parties including media organisations, courts, on the internet, to third party advisers, to other members, to insurers and to third parties as required by law.
- 3.4 The AAAC will only use information to perform its functions as an incorporated association of agricultural consultants, to achieve the purposes specified above or as otherwise allowed under the Privacy Act, 1988.
- 3.5 If the applicant would like to access his or her personal information, he or she may do so by contacting the AAAC at the address and/or contact numbers contained in this application form. The applicant can also correct this information if it is inaccurate, incomplete or out-of-date.
- 3.6 If the information obtained from the applicant (both under this application form and in the future pursuant to the AAAC's dealings with the applicant as a member of the AAAC) is not provided, the AAAC may not be able to act effectively on the applicant's behalf or at all.
- 3.7 By signing this application form, the applicant agrees and consents to the AAAC using the information contained in this application form or otherwise provided by the applicant or on the applicant's behalf to the AAAC for the purposes and in the manner set out above.

4. SIGNATURE OF APPLICANTS

I declare that all the information contained in this application is true and correct.

Dated:
Applicant's Signature:
Witness's Signature:
Witness's Name:

5. NOMINATION BY TWO GENERAL MEMBERS

To be completed by two General Members of the AAAC.

We, being General Members of the AAAC, nominate the applicant named in this application form for membership of the AAAC in the class of membership selected above.

Signature of First Nominator:
Name of First Nominator:
Date :
Signature of Second Nominator:
Name of Second Nominator:

Date:	
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