



## ASSOCIATE MEMBERSHIP APPLICATION FORM

### APPLICANT INFORMATION

Name of Applicant:

ACN/ABN:

Residential address of Applicant:

Postal address of Applicant:

Phone:

Mobile:

Email (required):

### NOMINATED REPRESENTATIVE (FOR CORPORATE MEMBERS)

NB: This person will receive all notices and correspondence on relevant matters.

Name:

Representative Address:

Phone:

Mobile:

E-mail (required):

### ELIGIBILITY OF APPLICANT

**Application is made under Rule 4(2)b of the SSPWA Constitution as follows:**

An Associate Member must be a person, business, company or partnership which the Committee is satisfied is carrying on business in a service, profession or industry ancillary to, or servicing one or more of the *established fisheries*, and which the Committee in its absolute discretion accepts as having sufficient standing in the fishing industry to be able to assist in the furtherance of the objects of the Association.

**REGION OF THE APPLICANT – DETERMINED BY RESIDENTIAL ADDRESS (CIRCLE ONE)**

**Esperance**

**Albany**

**South West**

**Metro (or other)**

**Describe Briefly the Specific Nature of Your Business as it relates to the eligibility criteria e.g. processor, retailer, service provider or other:**

Southern Seafood Producers (WA) Association

ABN 19 655 687 075

Email: [secretary@sspwa.org.au](mailto:secretary@sspwa.org.au)

<b>SSPWA ASSOCIATE MEMBERSHIP FEES (2019)</b>			
Annual Subscription	\$75.00	Payable on invoice	
Pay by Cheque to:	Southern Seafood Producers (WA) Association Inc.	PO Box 1160 Booragoon WA 6954	
<b>DECLARATION</b>			
Upon acceptance as an Associate Member of the SSPWA, we hereby authorise SSPWA to enter our name in the Register of Associate Members.			
Signature of applicant:		Date:	
<b>NOMINATOR</b>			
A nominator is required to become an Associate Member of the SSPWA Association. Nominators must be current financial members of the SSPWA at the time of nomination.			
Name of nominator:			
Region of the nominator, please circle one:			
<b>Esperance</b>	<b>Albany</b>	<b>South West</b>	<b>Metro (or other)</b>
Nominators Signature:		Date:	

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***For office use only***

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| <input type="checkbox"/> Residential address and email<br><input type="checkbox"/> Fees received<br><input type="checkbox"/> Tax invoice sent<br><input type="checkbox"/> Committee approved<br><input type="checkbox"/> Added to associate members register |
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