

# Membership Application



ABN: 81 639 285 642

TITLE		NAME				
INSTITUTION						
POSTAL ADDRESS					Postcode	
EMAIL						
PHONE				FAX		
MOBILE				DATE		
MEMBERSHIP	School		Individual		Payment Method	

Email this Membership form to: [treasurer.nswaat@gmail.com](mailto:treasurer.nswaat@gmail.com) and make cheques payable to: **NSW Association of Agriculture Teachers** (not NSWAAAT)

**Post cheque to:**

**OR**

**Pay via Direct Deposit:**

**Treasurer NSWAAAT**  
**Graham Quintal**  
**16 Finlay Ave**  
**BEECROFT**  
**NSW 2119**

**Account Name:** NSW Association of Agriculture Teachers  
**BSB:** 082 939  
**Account Number:** 639 757 522  
**Reference:** Your Initial, Surname and "Memb".

**MEMBERSHIP FEE: \$60 / annum (\$30 for students / trainees)**

<b>MEMBERSHIP REQUESTED</b>	No of Years	
	PAYMENT \$	

\* Membership is based on a calendar year.

**Office Use Only**

Date Received		Receipt #		Receipt Sent	
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*The NSW Association of Agriculture Teachers is NOT registered to collect GST*