



Olives South Australia Incorporated

MEMBERSHIP FORM

FINANCIAL YEAR

Company Name: _____

Olive Grove Name: _____

ABN: _____

of Olive Trees: _____

Table Olives

Oil Olives

Both

Contact Person: _____

Surname:

First Name:

Contact Number: _____

Mobile:

Other:

Email address 1: _____

Email address 2: _____

Postal Address: _____

Post code: _____

Industry

Grower

Processor

Judge

Volunteer

Involvement:

Food Industry

Service Provider

Other: _____

Business Website: _____

Business Facebook: _____

I consent to OSA mentioning my Grove/Business and using my image on Social Media and Newsletters for promotion of events related to the Olive Industry

YES

NO

Renew my Membership of Olives South Australia Inc for \$80.00*

Apply to become a Member of Olives South Australia Inc for \$100.00*

I agree to be bound by the Constitution of Olives South Australia Incorporated, and I declare that all the information on this form is true and correct.

Signature: _____

Date: _____

Email form to:

treasurer@olivessouthaustralia.org.au

or post to:

Olives SA Membership C/- PO Box 928, Coonalpyn SA 5265

*** OLIVES SA IS NO LONGER REGISTERED FOR GST .** Membership fees are GST Exclusive.

A

membership invoice will be emailed to you. Once paid, your membership is confirmed.

PRIVACY NOTICE: OSA collects information about you and your business to comply with requirements to maintain a register of members and to keep you informed about industry matters. We will not disclose our information to any third party except in accordance with the requirements of the Australian Privacy Act.

OFFICE USE

Date received: _____

Added to DB _____

Invoice Number: _____

Date emailed: _____