



MEMBERSHIP APPLICATION FORM

CCA operates under the provisions of the Associations Incorporation Act of NSW

FIRST NAME:	SURNAME:	YEAR BORN:
BUSINESS/COMPANY NAME:		
CURRENT POSITION:		
POSTAL ADDRESS:		
EMAIL:	MOBILE:	
TERTIARY QUALIFICATIONS:		
OTHER RELEVANT INFORMATION:		
MAIN BUSINESS ACTIVITY: (please circle) Reseller Corporate Research Independent Consultant Other:.....		
REASON FOR JOINING CCA:		

Declaration
 IMPORTANT! Please ensure you complete this Declaration

I hereby apply for membership of Crop Consultants Australia Incorporated (CCA) on the basis of the information provided on this form and agree to accept the decision of my eligibility to an appropriate category of membership. I agree to abide by the Association's constitution, including the payment of membership fees, and also to abide by the Code of Conduct.

Anyone having given false information in order to obtain membership (or upgrade their membership status) or is deemed to have willfully acted in a manner prejudicial to the interests of the association may be liable for suspension or expulsion.

SIGNATURE: _____ DATE: / /

YEARS IN INDUSTRY: _____

MEMBERSHIP CATEGORY (select one)

Industry Member
 Young Professional Consultant
 Professional Consultant
 Student Member
 Life Member

If you selected a 'professional' category, do you spend more than 30hrs per working week (on average) providing agronomic advice?

Yes
 No

An invoice will be sent upon approval of your membership by the CCA Board.

The CCA Membership Brochure and the Code of Conduct are available at
<http://cropconsultants.com.au/membership-information/>