

Membership Application Form

CCA operates under the provisions of the Associations Incorporation Act of NSW 2009.

First name: Surname:				ar of birth:
Business/ company name:				
Current position:				
Postal address:				
Email:		Mobile:		
Tertiary qualifications:				
Brief work history and other relevant	information:			
About current role (provide brief description of key activities performed):				
How did you hear about CCA?				
If applying for professional membership, please provide a professional referee:				
Declaration IMPORTANT! Please ensure you complete this Declaration			Years in industry:	
I hereby apply for membership of Crop Consultants Australia Incorporated (CCA) on the basis of the information provided 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 membe fees, and also to abide by the Code of Conduct.		d on this	☐ Professi ☐ First yea	
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: / /			If you selected a 'professional' category, do you spend more than 30hrs per working week (on average) directly consulting with clients or industry? Yes No	

CCA reserves the right to seek additional information if required as part of the application process.

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 www.cropconsultants.com.au