

# Membership Application Form

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

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| First name: | Surname: | | Year 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: | | | |

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| Years in industry: |
| Membership category (select one)  € Industry Member  € Young Professional Consultant  € Professional Consultant  € First year Graduate \*  € Student Member\* \* T & C apply |
| 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 |

**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: / /

*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](http://www.cropconsultants.com.au/members/)