



Nursery & Garden Industry  
Victoria

## NURSERY & GARDEN INDUSTRY VICTORIA MEMBERSHIP APPLICATION FORM

Valid 1st July 2017 – 30<sup>th</sup> June 2018

The information you provide is being collected for the purpose of processing your NGIV Membership Application. Although the provision of the information requested is voluntary, if you do not provide the information requested, we may be unable to process your application and approve your membership.

The NGIV Member's Conduct By-Law regulates your participation in Trade Day. The Terms & Conditions can be accessed by heading to the [NGIV website](#), click the MEMBERSHIP tab, and then selecting BECOME A MEMBER. Alternatively you can [download](#) the terms & conditions.

**INSTRUCTIONS:** Complete and send all sections of this application form, with accompanying payment to NGIV, via one of the following options:

Email: [ngiv@ngiv.com.au](mailto:ngiv@ngiv.com.au) / Fax: (03) 9576 0431

Mail: Nursery & Garden Industry Victoria, PO Box 2280, Wattletree Road LPO, East Malvern, VIC 3145

<b>BUSINESS DETAILS:</b>				
BUSINESS NAME:				
MAIN CONTACT PERSON: (Will receive all emails from NGIV)				
PHONE:		MOBILE:		
EMAIL:				
WEBSITE:				
ABN:				
BUSINESS ADDRESS:				
SUBURB:		STATE:		POSTCODE:
MAILING ADDRESS:				
SUBURB:		STATE:		POSTCODE:
<b>BUSINESS CATEGORY:</b>				
<input type="checkbox"/> RETAIL		<input type="checkbox"/> PRODUCTION		<input type="checkbox"/> ALLIED TRADE
<b>BUSINESS TYPE:</b>				
<input type="checkbox"/> GARDEN CENTRE	<input type="checkbox"/> FLORIST	<input type="checkbox"/> LANDSCAPE	<input type="checkbox"/> GARDEN MAINTENANCE	<input type="checkbox"/> BUILDER/ DEVELOPER
<input type="checkbox"/> EDUCATION/ TRAINING	<input type="checkbox"/> MEDIA	<input type="checkbox"/> LOCAL GOVERNMENT	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> OTHER
IF OTHER, PLEASE SPECIFY:				

**BUSINESS DESCRIPTION – PLEASE PRINT**

GIVE A BRIEF DESCRIPTION & PRODUCT SPECIALISATION/SERVICES FOR INCLUSION IN THE MEMBERS REGISTER.

**MAX 70 WORDS – PLEASE PRINT – IF NOT ENOUGH ROOM ATTACH FUTHER INFORMATION WITH APPLICATION**

**NGIV AUTHORISED REPRESENTATIVES**

PLEASE NOMINATE THE PERSON(S) FROM YOUR COMPANY AUTHORIZED TO VOTE ON BEHALF OF THE BUSINESS

YOUR COMPANY AUTHORIZED NGIV REPRESENTATIVE:

YOUR COMPANY SUBSTITUTE AUTHORIZED NGIV REPRESENTATIVE:

**HOW DID YOU HEAR ABOUT NGIV:**

REFERRED BY, PLEASE SPECIFY:

OTHER - PLEASE SPECIFY:

**COMMUNICATIONS:**

*An email will follow shortly to confirm that your application form has been received and is being processed, this email will also have your NGIV login details. You will be automatically added to NGIV communications. To change your communication preferences, log on and update your account - [www.ngiv.com.au](http://www.ngiv.com.au)*

IF MY/OUR APPLICATION FOR MEMBERSHIP IS ACCEPTED I/WE HEREBY AGREE TO BE BOUND BY THE MEMORANDUM AND ARTICLES OF THE ASSOCIATION OF THE NURSERY & GARDEN INDUSTRY VICTORIA.

I/WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN RELATION TO THIS APPLICATION IS TRUE & CORRECT. I/WE UNDERSTAND THAT OUR LIABILITY IN THE ASSOCIATION IS LIMITED TO \$2.00

**PLEASE SIGN:**

IF SIGNING ON BEHALF OF A COMPANY, EITHER 2 DIRECTORS, A DIRECTOR AND A COMPANY SECRETARY, OR THE SOLE DIRECTOR, MUST SIGN.

IF SIGNING ON BEHALF OF A PARTNERSHIP, AT LEAST 2 PARTNERS MUST SIGN.

SIGNATORY 1:

DATE:

SIGNATORY 2:

DATE:

## MEMBERSHIP FEES & FEE STRUCTURE

THIS IS BASED ON THE NUMBER OF FULL-TIME EMPLOYEES INCLUDING PRINCIPALS (ALL GST INC).

PLEASE TICK CORRESPONDING BOX

(PLEASE NOTE: IF PART-TIME & CASUALS COMBINED TOTAL OF HOURS = 38HRS = 1 FULLTIME EMPLOYEE)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-4 STAFF	5-10 STAFF	11-20 STAFF	21-40 STAFF	41 PLUS STAFF & CHAIN STORES
\$1,175	\$1,840	\$2,350	\$2,810	\$3,270

## BILLING DETAILS:

ACCOUNTS EMAIL:

AMOUNT ENCLOSED:

CIRCLE METHOD OF  
PAYMENT:

CHEQUE  
Payable to Nursery & Garden  
Industry Victoria

EFT TRANSFER  
BSB: 083-125  
A/C: 50517 8 365

CREDIT CARD

TYPE OF CARD:

MASTERCARD

VISA

COMPANY:

NAME ON CARD:

CARD NUMBER:

EXPIRY DATE:

CVV:

SIGNATURE:

DATE:

## STAFF DETAILS

AS PART OF YOUR MEMBERSHIP, YOU ARE PROVIDED ACCESS TO TRADE DAY. THE NUMBER OF CARDS ALLOCATED IS DEPENDANT ON YOUR MEMBERSHIP SUBS SELECTED ON PREVIOUS PAGE. COMPLETE DETAILS BELOW FOR THOSE THAT REQUIRE A TRADE DAY CARD ONLY LIST EMAIL AND PHONE NUMBER IF DIFFERENT TO BUSINESS DETAILS SECTION.

	1-4 Cards	5-10 Cards	11-20 Cards	21-40 Cards	41 Plus Cards
1	NAME:				<input type="checkbox"/> TRADE DAY CARD
	EMAIL:			MOBILE:	
2	NAME:				<input type="checkbox"/> TRADE DAY CARD
	EMAIL:			MOBILE:	
3	NAME:				<input type="checkbox"/> TRADE DAY CARD
	EMAIL:			MOBILE:	
4	NAME:				<input type="checkbox"/> TRADE DAY CARD
	EMAIL:			MOBILE:	
5	NAME:				<input type="checkbox"/> TRADE DAY CARD
	EMAIL:			MOBILE:	

### OFFICE USE ONLY:

MYOB Inv. #	Processed by:	Date:
DATABASE	Processed by:	Date: