

West Australian Olive Council Inc. PO Box 2321 Kardinya WA 6163 T: 041 227 1929 E: admin@oliveswa.com.au

2021 MEMBERSHIP APPLICATION FORM / INVOICE

Surname:			First name:		
Compan	y Name:				
Business	s Name:				
Postal a	ddress:				
City/Town:			Post Code:		
Grove Address:					
Telephone:			Mobile:		
Email 1	& Email 2				
Social me	edia pages:				
Who refe	rred you?				
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SIGNED: FEE TAB				DAT	E:
				DAT	E:
	CATEGO			DAT	E:
	CATEGO Olive gro	DRY			E:
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Also, our membership year is a calendar year.

Please note the new bank account for EFT payments.