

# Application for Membership 2021

Yes! Please register my company/me as a member of The Allergen Bureau Ltd for the 2021 membership year, as we/I wish to support the Allergen Bureau and benefit from the Allergen Bureau initiatives.

I understand that our/my Membership investment for the 2021 membership year, 1st April 2021 to 31st March 2022, will be as follows:

| Category  | Investment*<br>Australian Entity | Investment*<br>Non-Australian Entity |
|---|----------------------------------|--------------------------------------|
| <i>Please circle desired category inclusive or exclusive of GST</i> | <i>Inc gst</i>                   | <i>ex gst</i>                        |
| Full Membership Global  | \$33,000                         | \$30,000                             |
| Full Membership <sup>1</sup> (>100 FTE employees)                   | \$6,600                          | \$6,000                              |
| Associate Member C (51-100 FTE employees)                           | \$3,960                          | \$3,600                              |
| Associate Member B (10-50 FTE employees)                            | \$1,320                          | \$1,200                              |
| Associate Member A (<10 FTE employees)                              | \$660                            | \$600                                |
| Associate Member D (Individual)                                     | \$220                            | \$200                                |

1. Applicants for admission as a Full Member undertake to agree to be bound by and observe the Constitution of The Allergen Bureau Ltd, upon admission as a Full Member.

2. New Memberships are calculated on a pro-rata basis throughout the Membership year: April - March. **All prices quoted in Australian Dollars (AUD).**

## Applicant Details & Payment

Please complete your details, sign and return to  
Ray Murphy, Manager - Allergen Bureau C/ finance@allergenbureau.net

Company name:

Address:

ACN/ABN:

Website:

### Applicant Contact Person

Name & Job Title:

Phone:

Signature:

Email:

### Payment method

Tax Invoice

Credit Card

Amount (AUD) \$:

Visa

Mastercard

Expiry Date:

Cardholder Name:

Card Number:

CW:

Cardholder Signature:

Date: