PO Box 1358 Kalamunda WA 6926
PH: 0429 723 982
E: lisa@greenlifeindustrywa.com.au
ABN: 92 717 005 170

Membership Application - 2026/2027

Business Details	
Business/Organisation Name:	
Trading As:	
Postal Address:	
Street Address:	
Street Address (Additional Site):	
Phone:	
Email:	
Website:	
Business Contact Name:	
Business Contact Email:	
Owner/s Name:	
Owner/s Email:	
Accounts Contact Name:	
Accounts Contact Email:	

Business Category

☐ Production Nursery	☐ Garden Centre	☐ Production & Retail	☐ Allied Trade
☐ Educational	☐ Local Government	☐ Other (Specify)	

Business Description – PLEASE PRINT

Provide a brief description & product specialisation/services for inclusion in the members listing max 70 words. *If not enough room please attach further information with your application.*

GIWA Authorised Representatives

Please nominate the person(s) from your company authorised to vote on behalf of the business

Your company authorised GIWA representative:	
Your company substitute authorised GIWA representative:	

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Fee Structure (ex GST)	(FTE = Full Time Equivalent which includes working owners)		
	Category	**No of FTE**	**Annual Fee**
☐	Small	1-4	$1195
☐	Medium	5-10	$ 1735
☐	Large	11-20	$2350
☐	Extra Large A	21-40	$3220
☐	Extra Large B	41+	$4820
☐	Additional outlets of full members/TAFE	-	$750
☐	Associate Members (e.g. TAFE primary campus)	-	$1195
☐	Joining Fee (applicable to all above categories when first applying)		$150
☐	Rural/Remote Subscription Offer: receive access to our fortnightly e-newsletter and invitations to GIWA member events (a small fee applies to attend events under this subscription level).		$435

To qualify as a member, all applicants must have a good standard of operation and hygiene. An Association representative may inspect greenstock premises (metro only) prior to acceptance.
I/We hereby agree to uphold the Industry's Code of Ethics (refer to the 'Rules' listed at greenlifeindustrywa.com.au) and pledge my commitment to improve general business practices.
I/We agree that the onus is on our company to inform GIWA (and GIA) of changes to our contact details to maintain currency of listing.
AN INVOICE FOR SUBSCRIPTION WILL BE SENT AFTER ACCEPTANCE OF MEMBERSHIP

Applicant Nominated By: (must be a current GIWA member and an authorised company representative)	
Company Name:	
Signature of Nominator:	
Date:	
Signature of Applicant:	
Date:	

We would like the following staff added to the GIWA communication:

Name	Position	Email