



Australian Melon Association Inc.

MEMBERSHIP NOTICE

25 Whaddon Road, Wallaville Q4671 Phone 07 41576238 Fax 07 41576228
Email secretary@melonsaustralia.org.au Web www.melonsaustralia.org.au

ABN 36 990 325 012

Working together to build a successful future the Australian Melon Industry

The Australian melon industry appreciates your support of the melon industry through membership of Australian Melon Association Inc. Having an industry organisation gives strength and leadership to the melon industry. With limited funds, AMA contributes to across industry projects as well as melon industry development projects. Funds raised within the industry are currently used for:

1. Grower consultation and grower meetings
2. Communications – Melon News, Melon E-news, direct email, website www.melonsaustralia.org.au
3. Industry Development Project –Part-time Industry Development Manager to coordinate industry development activities, grower meetings, grower enquiries, conference, communications, representation, grower tours, research projects, and liaison with government agriculture departments.
4. Food safety project – development of Best Management Guidelines for melon growers
5. Limited representation to government on behalf of melon growers on issues such as biosecurity & chemical registration

Membership subscriptions for a financial year are \$440 GST incl. To support the industry, please return the Remittance Advice below with your payment to the above address. Retain this notice as your tax invoice as a separate invoice will not be issued.

Best wishes
Mark Daunt (Chairman)

Tax Invoice

Annual Membership from 1 July to 30 June	GST Inclusive	\$440.00
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Please detach and return **REMITTANCE ADVICE**

Business name _____

Contact name _____

Address _____

Ph: _____ Fax: _____ Mobile: _____ Email: _____

Paying by Mail: Cheque Enclosed payable to the Australian Melon Association Inc

Paying by EFT: Paid by EFT Wide Bay Australia Limited Account: Australian Melon Association
BSB 645 646 Account 103231978
Please include your name

Paying by Credit Card: Please charge by VISA or MASTERCARD (please circle)

Card No: ____/____/____/____ Expiry Date: __/__

Cardholder's Name Signature