

NURSERY & GARDEN INDUSTRY VICTORIA MEMBERSHIP APPLICATION FORM

Valid 1st July 2023 – 30th June 2024

The information you provide is being collected for the purpose of processing your NGIV Membership Application. Although you are not required to provide the information requested, if you do not do so, then we may be unable to process your application or approve your membership. By providing the information and submitting the application form, you agree that we may share your business's contact details (being your business's name, main contact person, email and business address, phone number, and website (Contact Information)) with other Full Members and NGIV Partners. In exchange, we will provide you access to the Contact Information of other Full Members, Partners, Premium Trade Day Buyers and general Trade Day Buyers on request. If you do not wish your Contact Information to be shared with other Full Members and NGIV Partners, please advise us in writing. By opting out, you acknowledge and agree that you will not be given access to the Contact Information of other Full Members, Partners, Premium Trade Day Buyers and general Trade Day Buyers. Please note that NGIV will never provide any of your Contact Information to other third parties such as telemarketers or mail houses (other than where strictly necessary to administer your relationship with NGIV as a Full Member).

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.

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 / Fax: (03) 9576 0431

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

BUSINESS DETAILS:					
BUSINESS NAME:					
BUSINESS ESTABLISHMENT D	ATE:				
MAIN CONTACT PERSON: (Will receive all emails from NGIV	7)				
PHONE:	ONE: MOBILE:				
COMPANY EMAIL:					
WEBSITE:		ABN:			
BUSINESS ADDRESS:					
SUBURB:			STATE:	PO	OSTCODE:
MAILING ADDRESS:					
SUBURB:			STATE:	:	POSTCODE:
BUSINESS CATEGORY:					
□ RETAIL		☐ PRODUCTION		☐ ALLIED TRADE	
BUSINESS TYPE:				:	
☐ GARDEN CENTRE	□ FLORIST	□ LANDSCAPE	☐ GARDEN MAINTENANCE	3	□ BUILDER/ DEVELOPER
□ EDUCATION / TRAINING	□ MEDIA	□ LOCAL GOVERNMENT	□ GOVERNMENT □ OTHER		□ OTHER
IF OTHER, PLEASE SPECIFY:					

BUSINESS DESCRIPTION – PLEASE PRINT GIVE A BRIEF DESCRIPTION & PRODUCT SPECIALISATION/SERVICES FO	OR 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 COMPANYAUTHORISE	D TO VOTE ON BEHALF OF THE BUSINESS
YOUR COMPANY AUTHORISED NGIV REPRESENTATIVE:	
YOUR COMPANY SUBSTITUTE AUTHORISED 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 receiv login details. You will be automatically added to NGIV communications. To change www.ngiv.com.au	
IF MY/OUR APPLICATION FOR MEMBERSHIP IS ACCEPTED I/WE HEREBY ARTICLES OF THE ASSOCIATION OF THE NURSERY & GARDEN INDUSTR	
I/WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN RELATION UNDERSTAND THAT OUR LIABILITY IN THE ASSOCIATION IS LIMITED TO	
PLEASE SIGN: IF SIGNING ON BEHALF OF A COMPANY, EITHER 2 DIRECTORS, A DIR DIRECTOR, MUST SIGN. IF SIGNING ON BEHALF OF A PARTNERSHIP, AT LEAST 2 PARTNERS N	
SIGNATORY 1:	DATE:
SIGNATORY 2:	DATE:

MEMBERSHIP FEES & FEE STRUCTURE

Membership prices are based on your <u>annual gross turnover</u>. The annual cost of membership for each category/level is listed below. All prices include GST.

Please tick the appropriate category for your business.

Level	Category	Price	e	Please Tick
Level 1	Turnover less than \$1.5 million	\$	1,260	
Level 2	Turnover between \$1.5m to \$5 million	\$	2,000	
Level 3	Turnover between \$5m-\$10 million	\$	2,630	
Level 4	Turnover between \$10m-\$20 million	\$	3,155	
Level 5	Turnover greater than \$20 million	\$	3,680	

Upon joining you will be billed a pro rata invoice for the financial year.

(for example, if you join in January, you will be billed for 6 months)

Please call NGIV (03 9576 0599) to confirm your pro rata joining fee/membership price before making payment.

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 COMPLETE DETAILS BELOW FOR THOSE THAT REQUIRE A TRADE DAY CARD ONLY. IF YOU REQUIRE MORE CARDS THAN SPACE PROVIDED, PLEASE INCLUDE AN ATTACHMENT. LIST EMAIL AND PHONE NUMBER IF DIFFERENT TO BUSINESS DETAILS SECTION.					
1	NAME:			☐ TRADE DAY CARD	
EMAIL:		MOBILE:			
2	NAME:			☐ TRADE DAY CARD	
EMA	IL:		MOBILE:		
3	NAME:			☐ TRADE DAY CARD	
EMA	IL:		MOBILE:		
4	NAME:			☐ TRADE DAY CARD	
EMA	IL:		MOBILE:		
5	NAME:			☐ TRADE DAY CARD	
EMAIL:			MOBILE:		
OFFICE USE ONLY:					
MYO	B Inv. #	Processed by:		Date:	

Processed by:

DATABASE

Date: