

MEMBERSHIP APPLICATION FORM 2024

Member Details:		
Company Nam	e	
Contact Name:	:	
Title:		
Address:		State Postcode
Telephone:		
Mobile:		
Email Address:		
Please attach (Con	pany Logo in jpg, png or pdf format with this application
Please provide	50	word BIO
Fees:		
Membership Fe	ee (Category:
2	2.	Businesses up to \$3 million per annum revenue = \$675 + GST per annum Businesses \$3-\$5 million per annum revenue = \$875 + GST per annum Businesses over \$5 million per annum revenue = \$1075 + GST per annum
Payment Infor	ma	tion (Direct Deposit):
Bank: Westpac	c BS	SB 032 267
Account Numb	er:	18 9363
•		co pay via credit card, please contact Minnie Constan on 0438 589 782, nb credit ract a 2% surcharge)
Office Use:		
Date Received:	:	Membership #:

The Foodservice Supplier's Association of Australia Inc.

ABN 45 324 022 793

Email: mconstan@fsaa.org.au

Mobile: 0438 589 782