



AUSTRALIAN ASSOCIATION OF
AGRICULTURAL CONSULTANTS
WESTERN AUSTRALIA INCORPORATED

STUDENT MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:		
Address:		
City:	State:	Post Code:
Mobile:	Email:	
UNIVERSITY / COLLEGE		
Name of Institution:		
Address:		
City:	State:	Postcode:
Course:	Year:	Graduating Year:
MAIN AREAS OF STUDY / INTEREST		
REFERENCES		
Name	Address	Phone
SIGNATURE		
Signature of applicant:		Date:

Student Membership Cost: \$60 per annum *

Please forward your AAAC(WA) Student Membership Application to:

AAAC(WA) – PO Box 6242, Swanbourne WA 6010 or email to info@aacwa.com.au

Australian Association of Agricultural Consultants (WA) Inc.
www.aacwa.com.au