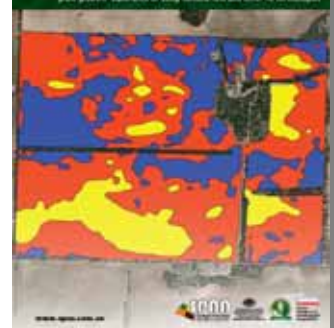
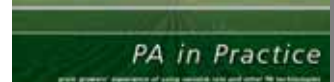


membership benefits



- ◆ PRECISION Ag NEWS
- ◆ PA in PRACTICE
- ◆ REGIONAL EXPOS
- ◆ PA CONFERENCES
- ◆ PA GROWER GROUP MEETINGS
- ◆ E-NEWS
- ◆ PA TRAINING WORKSHOPS



SPAA Full Members Receive

- Copies of SPAA Publications***
- Invitation to attend all grower group meetings***
- Discount entry to EXPO's and Conferences***
- Invitation to all training activities***
- Access to the SPAA website & newsletter***

TOTAL Annual Value \$ 450.00 +

www.spaa.com.au Increasing the Adoption of Precision Ag

membership application



MEMBERSHIP OPTIONS 2010/2011

Select options ✓

SPAA Membership	1 year		<input type="checkbox"/>	\$ 132.00
SPAA Membership	3 years	Save \$46.00	<input type="checkbox"/>	\$ 350.00
Associate Membership	1 year		<input type="checkbox"/>	\$ 66.00
Annual Grower Groups Membership			<input type="checkbox"/>	\$ 66.00
Corporate Membership	1 year	Save 10%	<input type="checkbox"/>	\$ 120.00

*Associate membership (non-voting) for up to two primary producers who trade in the same business name as a full member.

* Grower groups entitles you to participation in 3 workshops and enewsletters

*Corporate membership is for five members from the same business

TOTAL DUE \$ _____
(includes GST)

NOTE As an incentive to our GOLD Sponsors we offer access to SPAA membership details.

Tick this box if you wish to have your details excluded .

SPAA MEMBER FULL NAME _____

OCCUPATION _____ INDUSTRY _____

BUSINESS NAME _____

POSTAL ADDRESS _____ POSTCODE _____

PHONE _____ FAX _____

MOBILE _____ EMAIL _____

ASSOCIATE / GROWER GROUPS/ CORPORATE MEMBER FULL NAME(S)

_____ please submit one form for each member

OCCUPATION _____ INDUSTRY _____

POSTAL ADDRESS _____ POSTCODE _____

PHONE _____ FAX _____

MOBILE _____ EMAIL _____

PAYMENT METHOD

Payment can be made by EFT, cheque or credit card

EFT Bank SA BSB 105-046 Account number 026047740
Reference: Your business/ surname

CHEQUE Please make cheques payable to SPAA

CREDIT CARD Visa MasterCard

CARDHOLDER'S NAME.....

CARD NUMBER _____

EXPIRY DATE __ __ / __ __ AMOUNT \$.....

CARDHOLDER'S SIGNATURE

Return to SPAA PO Box 83 Strathalbyn SA 5255 FAX to 1300 422 279 EMAIL info@spaa.com.au

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