



Membership Invoice

Applicant Name:

Email address: _____

Phone: (08) _____ Mobile: _____

CBH grower no: _____

Name of CBH Member if different from the name of the entity holding the grower number:

Your address: Residential _____

Town _____ Post Code: _____ State _____

Postal: if different from residential

Town _____ Post Code: _____ State _____

Payment by EFT or cheque:

Grain Bulk Handlers Association Incorporated
27A Eastland Street Dianella 6059 WA

BSB: 633000 AC: 218 849 776

FULL MEMBERSHIP Rate ☐ \$200 per person p/a

MEMBERSHIP DECLARATION AND SIGNATURE

I wish to become a member of the Grain Bulk Handlers Association Incorporated:

Signature _____

Date _____

27A Eastland Street Dianella WA 6050
M: 0459111901
E: admin@grainbulkhandlersassociation.org