**Grower Group Alliance**

**Partner Registration Form**

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| **Organisation name:** |
| **Summarise your organisations activities:** |

Are you a:

|  |  |
| --- | --- |
|  Research organisation | Agribusiness organisation |
| Service provider | NRM organisation |
| Industry body | Other  |

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| **How would you partner with, or what services could you provide to grower groups?** (eg. technical  |

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| **Why does your organisation want to engage with the GGA network?** |

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| **Contact Details**Company Name: Contact Person: Phone: Fax: -Postal Address: Post Code: 6532Email: Company Website:  |