MEMBERSHIP APPLICATION FORM

Or email admin@olivesnz.org.nz

Your Name(s):					
Trading Name:					ves
Address: Postal:		Physical: New Zealand			
Phone: fax:		email:			
Mobile:				,	
Membership Categories Category	Fees and Voting Rig	hts Voting	Please Tick One		
Full Member > 250 trees	\$425.00	4	THE CHIE		
Small Grove 101 - 250 trees		2			
Hobby Grove ≤ 100 trees Associate Member*	\$106.25 \$212.50	0			
voting rights, nor are they eliq Olives New Zealand Certifica Nominated Region					
() Auckland () Bay of () Kapiti () Marlbo				() Gisborne () Waiheke	
In applying for membership of	of Olives New Zealand I ag	gree to the co	nditions of n	nembership as s	et out in the Constitution.
I understand that my application.	tion must be accepted by t	the Executive	and that the	ey do not need to	o disclose their reason for
I do/do not agree to my conta members of the organization		by Olives Ne	w Zealand to	selected indust	ry partners and other
I understand that the passwo undertake not to divulge it to		Olives New Z	ealand webs	site ¹ is issued to	me personally and I
			/ /		
Signature	// Date				
□ Payment has been n□ Request invoice to b	able to Olives New Zealan nade to Olives New Zealar e emailed for payment.	nd - ASB Bar	nk Acc No:	123 157 011 357	76 00 OR
Please mail to: Executive Off	licer, Olives New Zealand	Inc., PO Box	28140, Hav	elock North. 415	b/

¹ Please note access to the 'Members' section of the web site is ONLY available to financial members. You will receive your individual logon and password on receipt of your subscription