MEMBERSHIP APPLICATION FORM

Your Name(s):				01.	
Trading Name:				()li	Ves
Address: Postal:		Olives New Zealand			
Phone:	:				
Mobile:					
Membership Categories,	Fees and Voting Rig	<u>hts</u>			
Category	1 Jan – 31 Dec 2022 Inc GST	Voting	Please Tick One		
Full Member > 250 trees	\$545.00	4	TION ONE	1	
Small Grove 101 - 250 trees	\$272.50	2			
Hobby Grove ≤ 100 trees Associate Member*	\$136.25 \$272.50	0		4	
voting rights, nor are they elig Olives New Zealand Certificat Nominated Region					
() Auckland () Bay of () Kapiti () Marlbo	•			() Gisborne () Waiheke	() Hawkes Bay () Wairarapa
In applying for membership of	Olives New Zealand I ag	ree to the co	nditions of m	nembership as s	et out in the Constitution.
I understand that my applicati declining such application.	on must be accepted by the	he 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.	ct details being released b	oy Olives Nev	w Zealand to	selected indust	ry partners and other
I understand that the passwor undertake not to divulge it to a		Olives New Zo	ealand webs	site ¹ is issued to	me personally and I
			, ,		
Signature		// Date			
	ade to Olives New Zealan eemailed for payment.	nd - ASB Ban	k Acc No:	123 157 011 357	76 00 OR
Please mail to: Executive Offi Or email admin@olivesnz.org		Inc., 196 Tute	ere Street, V	Vaikanae 5036	

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