MEMBERSHIP APPLICATION FORM



Your Name(s):				_	New Zealand
Trading Name:					
Address: Postal:	Physical:				
Phone:	Email	:			
Mobile:					
Membership Categories, Fees and Voting Rights					
Category	1 Jan - 31 Dec 2025 Inc GST	Voting	Please Tick One		
Full Member > 250 trees	\$595.00	4			
Small Grove 101 - 250 trees	\$300.00	2			
Hobby Grove ≤ 100 trees	\$150.00	1			
Associate Member*	\$300.00	0			
* Associate Members are those employees, and other interest voting rights, nor are they eligible Olives New Zealand Certification.	ted parties. Associate Mer gible for appointment to the	mbers can be e Branch Exe	e members o ecutive. Asso	f a Regional Bra ciate Members (inch but do not have do not have access to th
Nominated Region			_		
	Plenty () Canterbur rough () Nelson				() Hawkes Bay () Wairarapa
In applying for membership of Olives New Zealand I agree to the conditions of membership as set out in the Constitution					
I understand that my application.	on must be accepted by the	he Executive	and that the	y do not need to	disclose their reason fo
I do/do not agree to my conta members of the organization.		oy Olives Nev	w Zealand to	selected indust	ry partners and other
I understand that the passworundertake not to divulge it to		Olives New Z	ealand webs	ite ¹ is issued to	me personally and I
			, , ,		
Signature			// Date		
 Payment has been made to Olives New Zealand - ASB Bank Acc No: 123 157 011 3576 00 OR Request invoice to be emailed for payment. 					
Please mail to: Executive Officer, Olives New Zealand Inc., 18 Bushy Hill, Havelock North 4130					

Or email admin@olivesnz.org.nz

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