2014 MEMBERSHIP APPLICATION FORM

Your Name(s):					
Trading Name:				ive	S
Address: Postal:		Physical:	N	lew Zeala	and
Phone: fax:		email:			
Mobile:					
Membership Categories,	Fees and Voting Rig	<u>hts</u>			
Category	1 Jan – 31 Dec 2014 (inc. GST)	Fee payable July onwards (inc. GST)	Voting	Please Tick One	
Full Member > 250 trees	\$345.00	\$172.50	4	1 1011 0110	1
Small Grove 101 - 250 trees	\$172.50	\$86.25	2		1
Hobby Grove < 100 trees	\$86.25	\$43.13	1		
Associate Member*	\$172.50	\$86.25	0		
voting rights, nor are they elig Olives New Zealand Certificate Nominated Region () Auckland () Bay of () Kapiti () Marlboom	tion Programme and if this	s is required, then must jo ry () Central Otago	in under one	e of the other 0	Categories kes Bay
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 applicati declining such application.	on must be accepted by t	he Executive and that the	y do not nee	ed to disclose t	heir reason for
I do/do not agree to my conta members of the organization.	ct details being released b	by Olives New Zealand to	selected inc	lustry partners	and other
I understand that the passwor undertake not to divulge it to a		Olives New Zealand webs	ite ¹ is issued	to me persor	ally and I
		/// _Date			
Signature		Date			
□ A cheque made payable to Olives New Zealand Incorporated, for the 2014 subscription is attached OR □ Payment has been made to Olives New Zealand - ASB Bank Acc No: 123 157 011 3576 00					
Please mail to: Executive Offi Or email admin@olivesnz.org		Inc., PO Box 28140, Have	elock North.	4157	

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