2015 MEMBERSHIP APPLICATION FORM

Or email admin@olivesnz.org.nz

Your Name(s):					
Trading Name:			()	ive	2
Address: Postal:		Physical: New Zealand			
Phone: fax:		email:			
Mobile:					
Membership Categories Category	1 Jan - 31 Dec 2015	Fee payable	Voting	Please]
	(inc. GST)	September onwards (inc. GST)		Tick One	
Full Member > 250 trees	\$345.00	\$115.00	4		
Small Grove 101 - 250 trees		\$57.50	2		- -
Hobby Grove ≤ 100 trees Associate Member*	\$86.25 \$172.50	\$28.75 \$57.50	0		
voting rights, nor are they eli Olives New Zealand Certifica Nominated Region () Auckland () Bay of	ation Programme and if this		in under one	e of the other (
() Kapiti () Marlbo	orough () Nelson	() Northland	() Waihek	ke () Wai	rarapa
In applying for membership of	of Olives New Zealand I ag	ree to the conditions of m	embership a	as set out in th	e Constitution.
I understand that my applica declining such application.	tion must be accepted by t	he Executive and that the	y do not nee	ed to disclose	their reason foi
I do/do not agree to my conta members of the organization	•	by Olives New Zealand to	selected ind	dustry partners	s and other
I understand that the passwo undertake not to divulge it to		Olives New Zealand webs	ite¹ is issued	d to me persor	nally and I
0:		/////////			
Signature		Date			
	able to Olives New Zealan nade to Olives New Zealar	•			d OR
Please mail to: Executive Of	ficer Olives New Zealand	Inc. PO Box 28140 Have	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