

APPLICATION FOR MEMBERSHIP

BUSINESS DETAILS:

Legal Name: ("the member"): _____

Trading Name (if different to above): _____

Member Contact Name: _____ Position: _____

Member Email: _____ Phone: _____

Nature of Business: _____

Company Number: _____ Years in business: _____

BILLING ADDRESS:

 _____ Postcode: _____

PHYSICAL ADDRESS:

Accounts Contact Name: _____ Phone: _____

Accounts Email: _____

MEMBERSHIP OPTION (Please tick box)

Monthly Subscription for being a Friend of CNC; all values exclude GST.

Friend of CNC \$175/month

ACKNOWLEDGEMENT

I/We confirm that MTONZ Limited open a membership account and that we agree monthly membership fees are due on the 1st day of every month for that month. We agree that by signing this agreement that we commit to subscribe for a year. After a year, either party may give a month's notice in writing that they wish to terminate this agreement. I/We agree for our logo to be included on the MTONZ Limited website and communications.

Signed _____ Print Name: _____

Dated this: ____ day of: _____ 20_____

If you need any assistance or have any questions, please email andy@mtonz.org or call 027 256 0660.

OFFICE USE ONLY			
Account Processed			