



# Associate Membership Application

All Associate Membership applications are subject to Committee approval

Company Name.....

Trading As.....

Business Category (Please Circle)      Retail Trade      Manufacturing Charitable Club      Professional Services Other .....

Type of Business.....

Website.....Facebook.....

Contact: First Name..... Surname.....

Street Address.....

Postal Address.....

Phone..... Mobile.....

Fax..... Email.....

Year Established.....

We would like our company details to be on the pukekohe.org.nz website and also in the Pukekohe Business Guide that is located at local cafes and accommodation providers Yes  No

We agree to receive information from the Pukekohe Business Association electronically Yes  No

We agree to being sent information from the Auckland City Council in relation to the Business Improvement District Yes  No

*Payment for 12 month period is \$250.00 (plus GST).  
Upon approval of Associate Membership you will be notified and invoiced for the Annual Membership fee.*

Signed ..... Name ..... Date.....

