



Membership Registration

Company Details

Company Name:

Trading As:

Type of Business:

Website: Facebook:

Opening Hours: Date / Year Established:

Street Address:

Postal Address:

Phone: Mobile:

Fax: Email:

Key Contacts

1st: Name..... Mobile:

Email..... Position:

(Please note that this person holds the vote on behalf of the business and must be the signatory)

2nd: Name..... Mobile:

Email..... Position:

(Please note that this person has no voting rights for your business)

Property Owner / Property Manager

Name: Email:

Postal Address:

Phone: Mobile:

We would like our company details to be on the pukekohe.org.nz website and also in the Pukekohe Business Guide Yes No

We agree to the above information being passed on to the NZ Police Yes No

We agree to being sent 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

Signed Name Date.....

