

HOKIANGA TOURISM ASSOCIATION INC

PO Box 181

Rawene 0473

APPLICATION FOR MEMBERSHIP

I / We wish to apply for membership of the Hokianga Tourism Association Incorporated

Name of Applicant:

Name of Business:

Type of Business:

Postal Address:

Telephone Number:

Fax. Number:

Mobile Phone No.:

Email:

Web Site URL:

Preferred method of contact:

What I expect to receive from membership of the Association:

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All applications are required to be approved by the Executive Committee and ratified by the membership at a General Meeting.

The Membership Subscription is due when your application has been ratified. The membership Subscription for New Members varies during the Year. For the Subscription that would apply to you please contact the Treasurer.

A copy of the Constitution of the Association is available from the Secretary.

I / We agree with the Objects of the Hokianga Tourism Association Inc.

Signed:

Date: