

Application For Membership

Name of cooperative:

Postal address:

Physical address:

..... Phone:

Primary contact person: Mobile:

Email address: Website:

Legislation under which cooperative is registered:

Principle nature of business:

Number of shareholders / members: (show each different category, if more than one)

Date business started : (supply copy of Cert. of Registration / Incorporation as co-op)

Annual reports attached : (supply a copy of the latest Annual Report)

Rules or constitution attached: (supply a copy of the registered Rules or Constitution)

Prospectus and Investment Statement: (supply a copy of the current Prospectus and Investment Statement issued to new members, if these are produced)

What are the aims of the cooperative?.....

.....

.....

What do you want from membership of the Association?

.....

.....

Any other comments or observations

.....

.....

.....

.....

If accepted for membership of the New Zealand Cooperative Association, we agree to abide by the Rules of the Association and to promptly supply the Association with a copy of Annual Reports including audited accounts, Prospectuses, Investment Statements, all media releases and such other information that may reasonably be requested from time to time.

A copy of the Association Rules may be had on request from the Association.

Person authorised to apply for Association membership.

Name

Signature

Designation

Date

Please return this form with the requisite documents to:

The Executive Director
New Zealand Cooperatives Association
Level 3, 75 Ghuznee Street
Wellington 6011