

## Application For Associate Membership

Name of individual or organisation: .....

If an application is from an organisation, name of contact person: .....

Designation / role in relation to a co-op or mutual: .....

Postal address: .....

.....

Physical address: .....

.....

Phone: ..... Mobile: .....

Email address: .....

Website: .....

Purpose(s) for seeking Association membership: .....

.....

.....

.....

Experience working with or within cooperative businesses: .....

.....

.....

.....

Qualities and attributes you would bring to the cooperative business model : .....

.....

.....

.....

Issues you wish the NZCA to consider: .....

.....

.....

Initiatives you would like to see the NZCA taking on behalf of member businesses: .....

.....

.....

.....

Any other comments or observations .....

.....

.....

.....

.....

**If accepted for membership of the New Zealand Cooperative Association, I agree to abide by the Rules of the Association and to foster the interests of New Zealand cooperatives**

Name .....

Signature .....

Designation .....

Date .....

If additional space is required to complete this application use additional sheets.  
A copy of the Association Rules may be had on request from the Association.

**Please either return this form when completed by email to:**

nzca@nz.coop

**Or post it to:**

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