

Application for Provisional Membership

Proposed or likely business name:

Contact person and role / designation:

Contact person postal address:

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Phone: Fax:

Mobile: Website:

Email address:

Principle activity of proposed business:

Likely number of members during initial years in business:

Legislation under which business may be registered:

Approximate date cooperative may start:

Specific information you would like the Association to supply to member cooperatives:

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

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Any other comments or observations

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If accepted for membership of the New Zealand Cooperative Association, we agree on behalf of the proposed cooperative to abide by the Rules of the Association and to supply timely information requested by the Association about the proposed business, then ongoing information once the cooperative is established.

Name

Signature

Role / 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 return this form to:

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