



BETTER BUSINESS. STRONGER COMMUNITY.

MEMBERSHIP APPLICATION FORM

| | |
|-------------------------------|---|
| Registered Business Name | |
| Trading Name | |
| Business physical address | |
| Postal address | |
| Contact email address | |
| Business phone: | |
| Owner's name: | |
| Mobile phone: | |
| Owner's email: | |
| Website: | |
| Business establishment date: | |
| Type of entity (Please tick): | <p>Company Sole Proprietorship /NGO – non-governmental organisation Community Organisation Associate</p> <p><small>NB An Associate member is someone who does not fit into any of the above categories, but would like to support the TBA, to be on the mailing list, participate in events etc – associate members do not have voting privileges.</small></p> |
| Brief business description: | |

| | | |
|--|-----|----|
| Do you own the building premise in which your business is located? | YES | NO |
| I would like my company details to be included on the Thames Business Association business directory | YES | NO |
| I agree to being sent information from the Thames Business Association electronically | YES | NO |
| | | |

Signed: _____

Name: _____

Date: _____

Please return to Sue Lewis-O'Halloran, CEO, Thames Business Association:

Email: manager@thamesbusiness.co.nz

Mobile: 022 466 1031