



APPLICATION FOR ASSOCIATE MEMBERSHIP

I/We (business name)

Wish to apply for membership of the **Rural Contractors New Zealand**, and agree to abide by the Rules of the Federation.

Contact Name:.....

Street Address:.....

Postal Address:.....Postal Code.....

Telephone No Work 0 - Facsimile No 0 - Mobile 02.....

Email Address:.....

Local Council area in which you company is located:

Type of Service Provided

.....

Membership Application Signed by:.....

Important Note: The information contained in this form will be part of the Federation membership records and will be used to provide information about your business in any Membership Directory published that may be freely available to the public. While all care will be taken in preparing data for inclusion in any such directory, neither the Federation or it's publishers accept any liability for any errors or omissions in the directory.

Roger Parton
EXECUTIVE DIRECTOR