

Membership Application



Company Details

Company Name

Trading As

Type of Business

Website

Opening Hours

Contact First Name..... Surname.....
(Please note that the contact person also holds the vote on behalf of the business)

Street Address

Postal Address

Phone Mobile

Fax Email

Keyholders

Name Contact #

Name Contact #

Property Owner / Property Manager

Name Email.....

Postal Address

Phone Mobile.....

We would like our company details to be on the pukekohe.org.nz website and also in the Pukekohe Business Guide : Yes No

We agree to the above information being passed on to the NZ Police : Yes No

We agree to being sent information from the Pukekohe Business Association electronically : Yes No

We agree to being sent information from the Auckland City Council in relation to the Business Improvement District : Yes No

Signed Name Date.....

Please return to the Pukekohe Business Association, P O Box 1240, Pukekohe, or email to info@pukekohe.org.nz