



## ASSOCIATE MEMBERSHIP

I am applying for Associate Membership with Summerfruit New Zealand, and agree to accept the decision of the Board as to whether I qualify for membership.

If my application is accepted, I agree to abide by the Rules of the Society.

An invoice for the membership fee of \$150.00 will be sent after the Board accepts your application.

**Company name:** .....

### Representative's details

**Surname:** .....

**First name(s):** .....

**Email address:** .....

**Company address:** .....

**Postal address:** .....  
(if different from above)

**Telephone:** ..... **Mobile:** .....

**Type of business:** .....

### The Privacy Act

The information you supply to Summerfruit NZ on this form is being collected to enable Summerfruit NZ pursue its objectives as set out in the Rules of the Society from time to time.

Natural persons have the right to access and correct personal information about themselves held by Summerfruit NZ.

Summerfruit NZ will not disclose the personal information supplied by you to any other person or agency.

**I confirm that the information provided by me as set out is true and correct.**

**Applicant's signature:** ..... **Date:** .....