

MEMBERSHIP APPLICATION FORM

Please complete the following information and email or post to the Secretary, NZ Truffle Association; email admin@nztruffles.org.nz : -



New Zealand
Truffle Association

Name:				
Business:				
Membership invoices to:	Business name	Yes / No	Personal name	Yes / No
Address:				
Town / City:				
Region:				
Email:*				
Phone:		Mobile		

*Quarterly newsletters and other information will be emailed to this email address

Please indicate which membership you require:

Full membership (\$258.75 per annum inc GST)**	Yes / No
Associate membership (\$201.25 per annum inc GST)	Yes / No

** Full membership is only open to New Zealand residents who meet one or more of the categories below

Please note: The membership year runs from 1 April to 31 March. If joining after

- 1 October then 50% of annual membership fee is charged
- 1 February then 100% membership fee includes the following year's annual membership.

If you are applying for full membership, please complete the following: -

I/we reside in New Zealand	Yes / No
I/we are actively engaged in the business of truffle or edible ectomyccorhizal farming as a:	
a) Grower	Yes / No
i. No of inoculated trees ordered	
ii. No of inoculated trees planted	
iii. Species of truffle or ectomyccorhizal fungi being farmed	
iv. Producing truffles and/or ectomyccorhizal fungi	Yes / No
b) Distributor	Yes / No
c) Exporter	Yes / No

d) Nursery provider: Truffle infected plants	Yes / No
e) Nursery provider: Mushroom infected plants	Yes / No
f) Researcher	Yes / No
g) Scientist	Yes / No
h) Other (please specify)	

MAILING LIST

The NZ Truffle Association provides a list of members and their contact details to all members of the Association directly and via the members area of the NZ Truffles Association website. The member list is to enable members to contact each other.

If you do NOT wish your information, including your name, phone number and email address(es) to be included in the list of members please indicate below:

I do NOT wish my details to be included in the list of members: Tick here:

DECLARATION

I/we hereby agree to uphold the rules of the New Zealand Truffle Association Incorporated as laid out in the constitution.		Yes / No
Signed:		
Name:		
If for a company or body corporate, I declare I have the authority to make the declaration on behalf of the company or body corporate listed below		Yes / No
Company or body corporate		
Occupation		

Witnessed by:	
Signature:	

Send completed form and payment to:

The Secretary
New Zealand Truffle Association
PO Box 351
WELLINGTON 6140

You can also **pay online:**

NZ Truffle Association,
Westpac: **03 1725 0006279 00**

Please use the **name you have chosen to be registered under as a reference.**

Return this completed form either by post or email to admin@nztruffles.org.nz