

NZ TRUFFLE ASSOCIATION

MEMBERSHIP APPLICATION FORM



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 may provide a list of members and their contact details to all members of the Association directly and/or via the members area of the NZ Truffle 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 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:

PRIVACY POLICY: For the purposes of efficient operations and administration you authorise the NZ Truffle Association to collect personal information which may be held by the Association and accessed by its officers and employees. The NZ Truffle Association will take all reasonable steps to ensure that your personal information is held securely. A full copy of the Association's Privacy Policy can be viewed at www.nztruffles.org.nz

DECLARATION

I/we hereby agree to uphold the rules of the New Zealand Truffle Association Incorporated as laid out in the constitution which can be viewed at www.nztruffles.org.nz and consent to be enrolled as a member of the Association.	Yes / No
Signed:	
Name:	
If for a company or body corporate or on behalf of another person, I declare I have the authority to disclose personal information and make the declaration on behalf of the other person or the company or body corporate listed below	Yes / No
Other Person, company or body corporate	
Occupation	

Witnessed by:	
Signature:	

Return this completed form either by post or email to:

Post: The Secretary
 New Zealand Truffle Association
 PO Box 351
 WELLINGTON 6140

Email: admin@nztruffles.org.nz

Please pay the membership fee **online** when you return this form:

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

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