

MEMBERSHIP APPLICATION FORM

Registered Business Name	
Trading Name	
Business physical address	
Postal address	
Contact email address	
Business phone:	
Owner's name:	
Mobile phone	
Owner's email	
Website	
Business establishment date	
Type of entity (Please circle)	Company/Sole Proprietorship /NGO – non-governmental org'n/ Community Organisation/Other _____
Brief business description	

Do you own the building premise in which your business is located?	YES	NO
I would like my company details to be included on the Thames Business Association business directory	YES	NO
I agree to being sent information from the Thames Business Association electronically	YES	NO
I agree to being sent information from the Thames Coromandel District Council in relation to the Business Improvement District, if relevant, in due course.	YES	NO

Signed: _____

Name: _____

Date: _____

Please return to Sue Lewis-O'Halloran, CEO, Thames Business Association

Address: 562 Pollen St

Email: manager@thamesbusiness.co.nz

Phone: 022 466 1031