

ASSOCIATE MEMBER APPLICATION FORM

BUSINESS INFORMATION

Business Name: _____

Street Address: _____ Postcode: _____

Postal Address: (if different from above) _____ PO Box Postcode: _____

Mainline Phone: _____ General Email: _____

Website: _____

Facebook: _____ Instagram: _____

Main Category (Please tick one):

Industrial & Trades Community & Government Fashion & Retail

Health & Beauty Hospitality Education

Other: _____

Business Hours: _____

BUSINESS CONTACT PERSON(S)

Business Owner Name: _____

Position/Title: (e.g. owner, CEO, MD, GM) _____

DDI Phone: (if different from office) _____ Mobile: _____

Email: _____

Is this person the Emergency Contact? (In the event of fire, burglary etc)

Yes No

Key Contact Person: (If different from business owner) _____

Position/Title: (store manager, branch manager, COO) _____

DDI Phone: (if different from office) _____ Mobile: _____

Email: _____

Is this person the Emergency Contact? (In the event of fire, burglary etc)

Yes No

By signing this form you are agreeing to be part of the Panmure Business Association. You will receive newsletters, updates and other communications. A listing for your business will be created in our online Business Directory. The information on this form is stored in our member database for the Panmure Business Associations use only. No information collected will be distributed to anyone else. You are welcome to request your details at any time.

Signed: _____

Date: _____

Please return this completed form to info@panmure.net.nz or drop it into our office located at 16 Clifton Court, Panmure.
For any further questions you can contact: (09) 527 6389