



***Application for Membership of
The New Zealand Lavender Growers
Association Incorporated.***

**NZ Lavender Growers Association Incorporated
c/o Charlotte Brown – Membership Secretary
nzlg-membership@lavender.org.nz**

To the Executive Committee

I/We apply for membership of the Association.

I/We acknowledge that I/we have read a copy of the Rules of the Association and agree to be bound by the same. (Please download from our website www.lavender.org.nz)

I/We enclose our completed questionnaire.

I/We agree to pay the Annual Subscription Fee once accepted as a Member.

Please note a **Full Member** is any person accepted as a **Full Member** of the Association pursuant to Rule 6A of the Rules of the New Zealand Lavender Growers Association (Inc). i.e. any person who applies to the Association for membership and **who grows or intends to grow** lavender in New Zealand for the production of lavender oil and related products.

Please note an **Associate Member** is any person accepted as an **Associate Member** of the Association pursuant to Rule 6A of the Rules of the New Zealand Lavender Growers Association (Inc). i.e. is **not involved in the growing** of Lavender in NZ for the production of lavender oil and related products.

Our financial year starts on the 1st of July and ends 30th June		Annual Subscription
Renewal of yearly subscriptions are due by October 31st of the current year		
Voting Member (Intention to plant lavender, suggested minimum 300 plants)	Joining from 1 st July – 30 th June	\$160.00
Partner Member (only available with a full Voting Member)	Joining from 1 st July – 30 th June	\$25.00
Associate Member (not involved in growing lavender in NZ)	Joining from 1 st July - 30 th June	\$70.00

On acceptance, please pay the appropriate fee to:
New Zealand Lavender Growers Association
Bank A/c No. 02 0500 0587725 00
Ref: [Please use applicants initials and surname]

Receipt required

Full Name of Voting Member: _____

Full Name of Partner Member: _____

Postal Address: _____

Postcode _____

Email: _____

Website: _____

Business Name: _____

Business Address: _____

Telephone No. Home: _____

Work: _____

Mobile: _____

Signature of Voting Member: _____

Signature of Partner Member: _____

Date: _____

Questionnaire:

What is your main reason for joining the Association?

Reason: _____

Number of plants in the ground:	Cultivar:	Quantity:
	1.	
	2.	
	3.	
	4.	
	5.	

Number of plants anticipated:	Cultivar:	Quantity:
	1.	
	2.	
	3.	
	4.	
	5.	

Have you considered a Business Plan? Yes/No

Have you conducted your own research into Lavender Growing in New Zealand? Yes/No

Do you have any skills/qualifications that may assist in the running of the Association? Yes/No

Are you already Operating? Yes/No

Are you Organic? Yes/No

Are you Certified Organic? Yes/No

Have you produced your own Lavender Oil? Yes/No

Do you intend to produce food products? Yes/No

If yes, do you intend to use the Association's S40 Food Template? Yes/No

Do you have a marketing strategy? Yes/No

I understand that the New Zealand Lavender Growers Association is an Incorporated Society therefore:

I consent to the above contact information being made available to all current Members of the New Zealand Lavender Growers Association Inc, pursuant to The Incorporated Societies Act 2022.

Signature of the main applicant

Date