



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

NZ Lavender Growers' Association Incorporated
c/o Helen Hughes – Membership Secretary
nzlgga-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 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)
ie 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)

ie is not involved in the growing of Lavender in NZ for the production of lavender oil and related productsetc

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

On Acceptance please pay the appropriate Fee to: For Direct Credit payable to New Zealand Lavender Growers Association

Bank A/c No. 02 0500 0587725 00

Ref: *[Please use Applicants Initials and surname]*

☐ I wish to receive a receipt (please note email proof of online bank payment required to be sent to membership secretary if you want a receipt.)

Full Name of First Applicant: _____

Full Name of Partner if applicable: _____

(Only required if also joining as a voting partner member)

Postal Address: _____

_____ Post Code _____

Email: _____

Website: _____

Business Name: _____

Business Address: _____

Telephone No. Home: _____

Work: _____

Mobile: _____

Signature of First Applicant: _____

Signature of Partner if applicable: _____

Date: _____

Questionnaire: What is your main reason for Joining the Association?

Reason:

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

Number of plants anticipated	Cultivar:	Number:
	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 skills/qualifications that may assist in the running of the Association? Yes/No
Are you already Operating Yes / No
Organic? Yes / No
Certified organic? Yes / No
Have you produced oil? Yes / No
If yes, how much Litre:
Has oil been tested? Yes/ No (If yes, please attach copy of test results)

Do you intend to produce Food Products and to use the Associations S40 Food Template approved by MPI to produce your Food Control Programme? Yes / No / Not Sure?

What is your anticipated marketing strategy?

- a) On an individual basis, or
- b) As part of a company with other members of Association or
- c) Not sure as yet

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 main applicant

Date