



Application for New Membership

Return by post to or email:

NZ Lavender Growers' Association
 c/o Pauline Livesey– Membership Secretary
 66 Duff Rd,
 RD2,
 Waiuku 2682
 New Zealand

Email: membershipsecretary@lavender.org.nz

To the Executive Committee,

I/We apply for membership of the Association.

I/We acknowledge that I/we have downloaded a copy of the Rules of the Association and agree to be bound by the same. (Please download from our website <http://www.lavender.org.nz/rules-and-regulations-of-the-new-zealand-lavender-growers-association>)

I/We enclose completed or updated questionnaire.

I/We enclose Annual Subscription or Renewal Fee.

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 1 st of July and ends 30 th June		Annual Subscription	Add your totals here
Voting member	Joining from 1st July – 30 th June	\$160.00	
	Joining after 1st January ending 30 th June	\$80.00	
	Joining after 1st April-ending 30 th June	\$40.00	
Partner member (only available with a full Voting member)	Joining from 1st July – 30 th June	\$25.00	
	Joining after 1st January ending 30 th June	\$12.50	
	Joining after 1st April ending 30 th June	\$6.25	
Associate member	Joining from 1 July – 30 th June	\$70.00	
	Joining after 1 January ending 30 th June	\$35.00	
	Joining after 1 April ending 30 th June	\$17.50	

I/We enclose a cheque for \$..... being the joining fee and annual subscription fee for the current year.

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]

If a receipt is required for your membership payment, please tick box

Full Name of First Applicant: _____

Full Name of Partner if applicable: _____

Postal Address: _____

_____ Postcode _____

Email: _____

Website: _____

Business Name: _____

Business Address: _____

Telephone No. Home: _____ Fax No _____

Work: _____

Mobile: _____

Signature of First Applicant: _____

Signature of Partner if applicable: _____

Date: _____

Questionnaire:

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

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

Are you conventional? Yes/ No
Organic? Yes/ No
Certified organic? Yes/ No
In conversion? 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)

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 consent / I do not consent to the above information being made available to members of the New Zealand Growers Association.

Signature main applicant

Date _____