

### Application for Industry Partner Membership

Company Name:		Membership no.
Established since:		
Contact Name:		
Position:		
Address:		
Postal address (if different from above):		
Telephone:		
Mobile:		
Email:		
Website:		
Type of Business	Please tick	
Attraction	<input type="checkbox"/>	Coach Operator
Guide Agency	<input type="checkbox"/>	Inbound Tour Operator
Hotel	<input type="checkbox"/>	Event Management
Restaurant	<input type="checkbox"/>	Other (Please specify)
<p>Do you currently offer any benefits or discounts to ProGuides Full/Associate Members? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes please specify (eg free entry, free meal or drink, etc) _____</p>		
<p>According to the Unsolicited Electronic Messages Act, I give my permission to receive regular news and offers from ProGuides New Zealand. <input type="checkbox"/>Yes <input type="checkbox"/>No</p>		
<p>I agree that by default information about my company will be published online on <a href="http://www.proguides.co.nz">www.proguides.co.nz</a> (Industry Partner Members). <input type="checkbox"/>Yes <input type="checkbox"/>No</p>		
How did you hear about ProGuides NZ:		
What's your main reason to join ProGuides NZ:		
Do you belong to any of these Industry Associations <input type="checkbox"/> TEC NZ <input type="checkbox"/> BCA <input type="checkbox"/> TIA <input type="checkbox"/> Other (please specify)		

I declare that all information given is true and correct to the best of my knowledge and belief.

Applicant's signature:

Date: