

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:			
<b>Type of Business</b>	<b>Please tick</b>		
Attraction	<input type="checkbox"/>	Coach Operator	<input type="checkbox"/>
Guide Agency	<input type="checkbox"/>	Inbound Tour Operator	<input type="checkbox"/>
Hotel	<input type="checkbox"/>	Event Management	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>
<p>According to the Unsolicited Electronic Messages Act, I give my permission to receive regular news and offers from ProGuides New Zealand.    Yes <input type="checkbox"/>    No <input type="checkbox"/></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> (Corporate Members).    Yes <input type="checkbox"/>    No <input type="checkbox"/></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	TEC NZ	BCA	TIA    Other (please specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Applicant's signature:

Date:

Send to: The Membership Secretary, ProGuides NZ, 42A Wade River Rd, 0932 Whangaparaoa, [membership@proguides.co.nz](mailto:membership@proguides.co.nz)

For office use only	Membership Secretary	Treasurer	Webmaster
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