

## Application For Associate Membership

Name of individual or organisation: .....

If an application is from an organisation, name of contact person: .....

Designation / role in relation to a co-op or mutual: .....

Postal address: .....

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Physical address: .....

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Phone: ..... Mobile: .....

Email address: .....

Website: .....

Purpose(s) for seeking Association membership: .....

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Experience working with or within cooperative businesses: .....

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Qualities and attributes you would bring to the cooperative business model : .....

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Issues you wish the NZCA to consider: .....

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Initiatives you would like to see the NZCA taking on behalf of member businesses: .....

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Any other comments or observations .....

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**If accepted for membership of the New Zealand Cooperative Association, I agree to abide by the Rules of the Association and to foster the interests of New Zealand cooperatives**

Name .....

Signature .....

Designation .....

Date .....

If additional space is required to complete this application use additional sheets.  
A copy of the Association Rules may be had on request from the Association.

**Please return this form when completed to:**

The Executive Director  
New Zealand Cooperatives Association  
Level 3, 75 Ghuznee Street  
Wellington 6011  
New Zealand

Email : [nzca@nz.coop](mailto:nzca@nz.coop)