

I hereby declare that I am entitled to membership of Lake Wānaka Tourism. I will pay the appropriate amount either by: (please tick the appropriate category)

a) Subscription (\$565 pa including GST)

- b) Rate payment
- c) Rate contribution through

rent/lease.

Please register my membership:

TRADING COMPANY NAME:
REGISTERED COMPANY NAME:
DESCRIPTION OF BUSINESS:
POSTAL ADDRESS:
LOCATION OF BUSINESS: (if different from postal)
Telephone: Mobile:
OWNER NAME
OWNER Email:
Business Manager Email (if different from above):
Accounts Contact E-Mail:
Website:

NOMINATED SPOKESPERSON (can vote & stand for the Board).....

I acknowledge that I have all the necessary consents and approvals to operate this business from the aforementioned premises including a complying Health & Safety Policy and that these can be viewed on request. I will notify Lake Wānaka Tourism in writing if I wish to cancel my membership and will pay all outstandingfees up until the notification date.

To verify your membership please provide:

1. The portion of your rates statement verifying your business as a commercial rate payer, or

2. The portion of your rent or lease agreement verifying your contribution to the commercial rate.

PROPRIETOR'S SIGNATURE: DATE:

For Office Use Invoice Sent on:

Paid / Approved _____

Membership List New Members List Website Email Lists – Members / Bed operators /Activity Operators VIN notified Approval Letter

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