

SCHOOL MEMBERSHIP APPLICATION

For your membership to be actioned please provide the following contact information. We will invoice you for your payment once we have recieved your application.

Name of School

Main Contact Name

Posistion/Department

Postal Address

Street Address

City

Email

School Web Address

School Phone Number

School Fax Number

Contact Phone Number

Contact Mobile Number

Declaration:

I hereby certify that the contents of this application are a true and correct and that any products sold under the Enterprise/Buy NZ Made agreement, meet the requirements of the Fair Trading Act.

This school agrees that full details of all student companies and products marked with the Buy NZ Logo under this agreement are supplied to Buy New Zealand Made on the provided form.

Signature

Signed By

STUDENT ENTERPRISE APPLICATION

Name of School

School Member #

Student Name

Company Name

Web Address

Email

Phone

Fax

Postal Address

Street Address

Description of
Company and
Product/Service
details

Declaration:

I hereby certify that the contents of this application are a true and correct and that any products sold under the Enterprise/Buy NZ Made agreement, meet the requirements of the Fair Trading Act.

I agree that full details of my Enterprise company and products marked with the Buy NZ Logo under this agreement are supplied to Buy New Zealand Made on this form and that I will advise the Buy New Zealand Made Campaign of any future changes made to this information.

Signature

Signed By