



# MEMBERSHIP APPLICATION FORM

MEMBER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ LEGAL ENTITY STATUS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

WEBSITE URL: \_\_\_\_\_ FAX: \_\_\_\_\_

TRIBAL AFFILIATIONS (if any) : \_\_\_\_\_ # OF STAFF: \_\_\_\_\_

DESCRIPTION OF BUSINESS ACTIVITIES: \_\_\_\_\_

**BUSINESS SECTOR: (please tick)**

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="radio"/> Accounting / Tax      | <input type="radio"/> Advertising / Marketing | <input type="radio"/> Art / Creative             | <input type="radio"/> Business / Office | <input type="radio"/> Communications / IT |
| <input type="radio"/> Construction / Trades | <input type="radio"/> Consulting              | <input type="radio"/> Community                  | <input type="radio"/> Education         | <input type="radio"/> Entertainment       |
| <input type="radio"/> Farming / Agriculture | <input type="radio"/> Financial Services      | <input type="radio"/> Government                 | <input type="radio"/> Hair / Beauty     | <input type="radio"/> Health              |
| <input type="radio"/> Hospitality           | <input type="radio"/> Media                   | <input type="radio"/> Manufacturers / Industrial | <input type="radio"/> Non-profit        | <input type="radio"/> Real Estate         |
| <input type="radio"/> Retail                | <input type="radio"/> Research & Development  | <input type="radio"/> Social Services            | <input type="radio"/> Tourism           |   |

Other (please describe) \_\_\_\_\_

**OPTIONAL CHOICES: (select all that apply)**

- Yes—Please list my business in your business directory     Yes—I would be interested in hosting an event at my business venue  
 Yes—I would be interested in offering a discount or special deal for members

**PLEASE SELECT THE EVENTS YOU WOULD BE INTERESTED IN: (select all that apply)**

- Bi-monthly (guest speakers)                       Business breakfast / lunch / dinner                       Speed networking  
 Business seminars / workshops

**WHAT SERVICES WOULD YOU LIKE OUR ASSOCIATION TO OFFER?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SELECT PAYMENT FOR ANNUAL MEMBERSHIP.**

- Cash     Please invoice me

By becoming a member I support the objectives of the Tauranga Maori Business Association.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete, scan and email to: [accounts@tmba.org.nz](mailto:accounts@tmba.org.nz) or post to **TMBA - PO Box 13053, Tauranga 3141, Aotearoa**