

CINZ MEMBERSHIP APPLICATION FORM



ORGANISATION:

Trading Name: _____

Full Legal Name: (if different to above) _____

Business Phone: (including Area Code) _____ FreePhone: _____

Business Email: _____

Website Address: _____

Business Category Type: (please circle)

Association/Society Corporate Govt/Education PCO/Event Management/DMC/Incentive

Other: (please specify) _____

Business Activities:

Main Activity: _____ Secondary: _____

How long has the organisation been trading? _____

Are you linked or associated to any other organisation? No Yes (details) _____

STREET ADDRESS:

Street: _____ Suburb: _____

City: _____ Post Code: _____

Region: _____ Country: _____

POSTAL ADDRESS: (if different to above)

PO Box/Street: _____ Suburb: _____

City: _____ Post Code: _____

Region: _____ Country: _____

CINZ MEMBERSHIP LEVEL: (prices exclude GST)

Please refer to the CINZ Membership Info Brochure or the CINZ website: www.conventionsnz.co.nz

Platinum Gold Silver

\$10,000 pa \$3,500 pa \$650 pa

(Gold: \$500 per additional entity)

Number of venues/services under this membership _____

List the names of all venues/services under this membership: _____

List all services and facilities: _____

How did you hear about CINZ: _____

Any additional information about this Application: _____

CONTACT INFORMATION:

Main Contact Details:

First Name: _____ Last Name: _____

Job Title: _____ Email: _____

Phone: (including Area Code) _____ Mobile: _____

Additional Contact Person:

First Name: _____ Last Name: _____

Job Title: _____ Email: _____

Phone: (including Area Code) _____ Mobile: _____

CINZ Approved PCO Group Membership:

For more information, visit www.conventionsnz.co.nz

(Tick if you wish to apply to join the CINZ Approved PCO Group. Application Forms will be emailed to you)

If you have any questions, please email admin@nzconventions.co.nz or Ph: 09 486 4128

Please visit our website for more information: www.conventionsnz.co.nz

- The submitting of this Application authorises CINZ to collect relevant information for consideration of this Application.
- CINZ reserves the right to decline this Application.
- Membership joining dates commence on 1st of each month. Invoices are automatically raised annually from the first anniversary date.
- Terms of Trade: Payment is due on or before the 20th of the month following date of Invoice.
- Cancellation of membership may be made by either party giving written notice to the other party.
- Contact Names will be entered on the CINZ Database and ticked to receive News.

I have read and agree to the Terms and Conditions as outlined above.

Name: _____ Date: _____

UPON COMPLETION:

Please email this completed Form to:

admin@nzconventions.co.nz

Subject: CINZ Membership Application

Or post to:

Conventions & Incentives New Zealand (CINZ)

PO Box 331202, Takapuna, Auckland 0740