

Te Ara a Maui Regional Maori Tourism Application for Membership

Business Details

Business Name: _____ **Date Business Commenced:** / /

Business Legal Status (circle one):

Registered Company	Ture Whenua Trust
Incorporated Society	Limited Liability
Charitable Trust	Other

If other, please describe: _____

Business Operational Stage (circle one): Pre-start-up | Start-up | Operating

Owner(s) Name(s): _____ **Number of Staff:** _____

Operator(s) Name(s): _____

1st Contact Person: _____ **Position:** _____

2nd Contact Person: _____ **Position:** _____

Business Contact Details

Street No: _____ **Street/Rd Name:** _____

Region: _____ **Location/Suburb:** _____ **Code No** (e.g. 7001): _____

PO Box Details: _____

Ph: _____ **Mobile:** _____ **Fax:** _____

Email: _____ **Website:** _____

Tourism Category (check all that apply)

Accommodation (describe below)	Arts/Crafts	Eco	Maori Heritage
Adventure	B&B	Education	Restaurant/Café
Attraction	Boat Charter	Marae	Retail
Transport (describe below)	Other		

Description/Further Comments: (for convenience you may attach your business brochure) _____

Membership

Are you a member of any other tourism association? (please list) _____

Iwi/Hapu affiliation _____

Please post your membership fee of \$150.00 (GST Inc) p.a. per business/person to the following address.

Te Ara a Maui o Aotearoa
PO Box 10 017
Wellington
New Zealand

Please note: Membership is effective as soon as your payment has been processed and cleared. Your receipt will be posted to you soon after.