



**Glen Innes Business Association
MEMBERSHIP CONTACT FORM**

Business Name: _____

Street Address: _____

Postal Address: _____ Postcode: _____

Phone: _____ Email: _____

Website: _____

Facebook Page: _____

Type of Business: _____

Contact Person: _____

Phone: _____ Mobile: _____

25 words for website listing

Please complete this form and scan and email to manager@giba.org.nz
Please also send us a high res version of your logo or any photos / images you would like to use on your website listing.

Submitting this form confirms that you agree to become a member of the Glen Innes Business Association and you agree to receive regular email updates from us.

Membership includes the right to attend and vote at our Annual General Meeting and stand for the Executive Committee.

Signed by: _____ Name: _____

Date: _____