



P O Box 349
Hastings 4156
Phone (06) 878 3123
Email: admin@showgroundshb.co.nz

Corporate Membership Application Form 2018/2019

Business Name: _____

Contact Name: _____

Accounts Email: _____

Address: _____

() _____ (Business) () _____ (Residential)

() _____ (Mobile) () _____ (Facsimile)

I would like to make a donation to the Society of \$ _____

Please send me a Trade Exhibitors Information Pack and Application Form for the Hawke's Bay Show

Signed: _____

Dated: _____

Once your application form has been processed we will send you an invoice via email.

Thank you for your support.

I would appreciate if the Society could forward a Membership Application Form to the following person(s) who may be interested in joining the Society.

First Name: _____

Surname: _____

Address Postal: _____

Phone - day time: _____

I do not mind if my name is used as the referrer