

## SUPPLIER MEMBERSHIP APPLICATION

### CONTACT DETAILS

Company Registered Name

Company Operating Name

Main Contact	Job Title
--------------	-----------

Email	Phone
-------	-------

Secondary Contact	Job Title
-------------------	-----------

Email	Phone
-------	-------

### COMPANY DETAILS

Address

Region/ District

P.O. Box Address

Company Website

Phone Number

### BUSINESS SIZE & CLASSIFICATION (indicate those that apply)

Business Size:	Start Up	Type of Business:	Product Supplier
	Standard		Service Supplier
	National		Professional Services Supplier

This application is on behalf of the Company for Supplier Membership of NHAG and I hereby confirm I am authorised on behalf of the Company to submit this application and; if accepted, agree to pay the subscription levied and to abide by the Terms and Conditions of membership of the Association. As per NHAG's Terms and Conditions, a Member may terminate membership by giving notice in writing to the NHAG no less than 3 (three) months before the end of any membership year (the month in which the signed application is received). If notice is given in less than 3 (three) months before the end of any membership year the annual subscription for the subsequent year will be payable in full and the termination will not take effect until the following membership year.

Name

Date