



Membership Contact Form

Date _____

This is to register

Name of business _____

Address _____

Date _____

Business Owner / Manager _____

Signed _____

Name of delegated representative (if appropriate) _____

Contact details

Phone _____

Mobile _____

E-mail _____

Website _____

Facebook _____

By completing and submitting this form, you agree that you are becoming a member of the Glen Eden Business Association and you are allowing us to contact you with news and information about the Glen Eden Business Association relating to your membership.

Please complete this form then scan and email to manager@glenedenvillage.co.nz