



CASHMERE/PORT HILLS COMMUNITY & BUSINESS ASSOCIATION

MEMBERSHIP APPLICATION FORM

Personal Details

First Name _____
Last Name _____
Mobile Phone _____ Home Phone _____
Address _____

Business Details

Business Name _____
Proprietors _____
Email _____ Office Phone _____
Address _____

Membership + Payment Options ~ Please tick your preference below (incl GST)

- Monthly \$25/monthly
Quarterly \$69/quarterly
Annually \$250/yearly

Declaration and Signature

I hereby declare that the information and the answers given are true and correct. I understand this is a legal binding contract. I agree to abide by the rules, terms and conditions set up by the Cashmere/Port Hills Community & Business Association. Within 3 days the preferred chosen subscription will be paid by online banking into THE CASHMERE/PORT HILLS COMMUNITY & BUSINESS ASSOCIATION KIWIBANK BANK ACCOUNT NUMBER: 38 – 9019 – 0246183 – 00.

Signature: _____ **Date:** _____