## BIANZ BAKING INDUSTRY ASSOCIATION OF NZ

## MEMBERSHIP APPLICATION

## Member Type (tick your choice)- GST included

Full Membership \$395

Associate \$215

Individual Member \$115

Trainee/Apprentice \$25

Courtney Place Wellington 6149

P.O Box 19028

0800 NZBAKE admin@bianz.co.nz

- Membership is subject to approval by the BIANZ Executive, you will be notified within 7 working days
- Only Full BIANZ Members will be able to access the BIANZ Food Control Plan
- Please read the terms set out below and fill out and sign this form
- Make your payment for your initial membership subscription (as listed right) using one of the payment options
- Email to admin@bianz.co.nz
- There will be a \$20 administration fee for monthly payments

Business Contact		
Name of Business		•
What does your Business do?		•
Business Address		
Postal Address		_
Telephone & Mobile		
Accounts Email		
Newsletter Email		
Website		
Instagram &		

## Payment Options: Please tick the option you are using, if your application is approved an invoice will be sent to you.

- Direct Credit
- Credit Card
- Monthly Payment

I/we would like to be enrolled as a member of the Baking Industry Association of New Zealand (BIANZ) and gain the rights and privileges of membership accorded to my membership type, and in doing so acknowledge the following: 1. That upon receipt of the membership pack, I/we agree to read the membership rules and if I/we do not wish to abide by those rules I/we will return the membership pack within 10 working days of receipt. (Your membership subscription will be reimbursed on receipt of the membership pack.)

2. That materials and resources including any Food Safety Manual provided by BIANZ remain the property of BIANZ. I/we will not permit any unauthorised copying or other reproduction of this material nor allow this material to be used other than by members of the BIANZ or their employees. When membership is terminated all such materials and resources including any Food Safety Manual is to be returned to the BIANZ within five working days of termination of membership.

Signature of authoried person Date