Application to become a Member of Wild for Taranaki



Year: 2016/2017

Organisation/group name	•
Postal address:	
Website:	
Primary contact:	
Email:	
Phone number(s):	

Declaration

Please describe how your group/organisation is actively enabling significant positive biodiversity outcomes in keeping with the purposes of the Taranaki Biodiversity Trust Deed

Affidavit

I	(full name) hereby affirm that I am	the authorised person to complete this form
on behalf of	(full name). I declare that,	to the best of my knowledge, the information
supplied herein is true, correct and complete a	nd I/we agree to the terms and cond	itions as set out.
I/we agree that the Taranaki Biodiversity Trust	will not be held liable for any false or	misleading information supplied by me/us.
I have enclosed a photocopy of the cert	tification of our legal status.	
Signature	Date	
Membership benefits:	Return to	: Regional Biodiversity Co-ordinator
Invitations to events and training		c/o Private Bag 713
• Regular communication via the website, Facebook page and newsletter		Stratford 4352 Taranaki
 Ability to participate in activities 		New Zealand
Purchase of merchandise	Or by em	ail to: leigh.honnor@trc.govt.nz
• Stand for election to the Trust Board.		
Please note there will be no fees for 2016/201	7 membership	
The Taranaki Biodiversity Trust is the legal entity na	me of Wild For Taranaki.	
Admin: Date received:	Date received: Membership number:	
WILD FOR TARANAKI 📑 fa	cebook.com/WildforTaranaki • w	ww.wildfortaranaki.nz

Ph: 06 765 7127 • C/o Private Bag 713 • Stratford 4352 • Taranaki • New Zealand