



TRISAN WINE GROUP MEMBERSHIP APPLICATION

Name of Applicant

Company Name

Postal Address

Phone Fax

Email

Website

We nominate as our Representative:

Name Position

Phone Email

and as an alternate:

Name Position

Phone Email

I/We enclose the one-off membership signup fee of **\$200.00 plus GST (\$230.00)**

☐ Our Cheque is attached

☐ By Direct Credit to:

Trisan New Zealand Ltd ASB Account 12-3287-0191126-00 on Date:

Signature of Applicant:

Name of Applicant: Date Applied:

Please forward completed application form to:

Trisan New Zealand Ltd

PO Box 3045

Shortland Street

Auckland 1140

Or email to: info@trisan.co.nz

Or fax to: **+64 9 3666 888**

TRISAN NEW ZEALAND GST# 106-515-344

Office 5 - Level 1, 20 Augustus Terrace, Parnell, Auckland, New Zealand

PO Box 3045, Shortland Street, Auckland 1140, New Zealand

Ph/Fax: +64 9 3666 888

info@trisan.co.nz

www.trisan.co.nz