



Association of Community Retailers

Membership Application Form

This form is required to be completed in full for a retailer to become a member of the Association of Community Retailers. (Please print clearly)

FIRST NAME _____

LAST NAME _____

NAME OF SHOP _____

ADDRESS _____

POSTAL ADDRESS _____

TELEPHONE (____) _____ **FAX** (____) _____

EMAIL _____

Please send completed membership form to:

Association of Community Retailers (ACR)
PO Box 12490
Thorndon 6144
Wellington

MEMBERSHIP COST:

The annual membership fee for the Association of Community Retailers is NZD\$50.00. The ACR will contact you with an invoice for membership.

FOR OFFICE USE ONLY: MEMBERSHIP NUMBER: _____

COMMENTS / NOTES: _____
