



## Application Form For Membership of New Zealand GAP

Company Name (*legal entity*): \_\_\_\_\_

Trading as (*this name will appear on your certificate*): \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

\_\_\_\_\_

Crops & Areas Planted: \_\_\_\_\_

Crops Packed: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E Mail Address: \_\_\_\_\_

### 1. Choose a Certification Body: (*tick box*)

AsureQuality Ltd

SGS New Zealand Ltd

### 2. Select your operation: (*tick appropriate box*)

Grower     Packhouse     Wholesale     Contractor     Transport

A single manual includes the requirements and guidance for all of these operations.

### 3. Select your payment method: Membership (including the NZGAP manual) is \$465 including GST.

I enclose a cheque for \$465 made out to Horticulture NZ Inc.

I have direct credited \$465 into Horticulture NZ Inc.'s Bank Account number **02-0500-0793676-00** and have included my trading name as a reference

Signed: \_\_\_\_\_

\_\_\_\_\_ Date:

**Send the completed form to:**  
**Horticulture New Zealand.**  
**Freepost 729, PO Box 10232, The Terrace, Wellington 6143**  
**Email: [info@hortnz.co.nz](mailto:info@hortnz.co.nz)**

*On completion this becomes your GST invoice.*  
*GST No. 093-098-412*  
*Remember to keep a copy for your records.*

Office Only Manual Number
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