

New Health NZ Inc. Membership Application Form

Complete and post to: PO Box 34057, Christchurch 8540, New Zealand or Fax to: +64 3 351 7993
Alternatively complete online at **www.newhealth.co.nz**To order these pre-printed forms; Phone +64 3 351 9807, or print forms from the website above.

*Denotes Required Fields

MEMBERSHIP: Consumer	IIP: (tick one box only) Sole Trader/Partnership					Company						Group/Organisation						
(complete section A&F)		(complete section A,B,E&F)				(complete section A,C,E&F)						(complete section A,D,E&F)						
*First Name:																		
*Last Name:																		
*Address:																		
*Suburb/Rural Locality:																		
*City/District:																		
Post / Zip Code:																		
*Region/State:																		
*Country:																		
*Telephone:																		
Fax:																		
Mobile:																		
Email:																		
Website:																		
SOLE TRADER / PARTNERSHIP: also go to 'E' + 'F'																		
Trading Name:																		
C COMPANY:	also go	o to 'E' +	· 'F'															
Trading Name:																		
*Incorporated:	Yes	No	*Inco	orporat	ion N	ımbe	r:											
<u> </u>				•														
GROUP / OF	RGAN	NISAT	ION:	also go	to 'E'	+ 'F'							T					
Group Name:																		
Type of Group:	Maori Inc. Soc. Trust Industry Other (specify)																	
No. of Members:																		
Main Function:																		
(of Group)																		
(or Group)																		
		\perp																
*Incorporated:	Yes	∐ No	*Inco	orporat	ion N	umbe	r:											
TYPE(S) OF	BUS	INES	S: tick	as man	y as a _l	oplical	ole											
Distributor	☐ Manufacturer ☐ Practitioner (Medical/Dental) ☐ Media/Marketing											ng						
Exporter	F	Raw Prod. Supply Practitioner (Natural)									Ī	Fitness - Gym, Trainers etc						
Importer	_	Organics/GE Practitioner (Traditional)									Ĺ	Devices - Medical & Health						
_ ·	_												.11					
Retailer	=	☐ Pharmacy ☐ Practitioner (Musculoskeletal) ☐ Education/Research ☐ Nutrition/Diet ☐ Others (specify)																
Wholesaler		utrition	/Diet		_ Oth	ers (s	pecify)											
DATE:						SIG	ΝΑΤ	URF										