

## MANAWATŪ BUSINESS C H A M B E R

## **MEMBERSHIP APPLICATION**

I/we wish to apply for membership to the Manawatu Defence Hub, a Special Interest Group (SIG)					
of the Manawatu Business Chamber					
Company Name					
Main Contact					
Title Position					
Address					
Telephone:	Mobile:				
Email					
Website					
Company Members authorised to attend (Maxi	kimum 3 personnel at each event)				
Name 1	Email				
Name 2	Email				
Name 3	Email				
Company Infor	rmation/NZDF Overview				
Please provide a brief description of your business:					
Please provide an outline of your businesses understanding of the NZDF presence in the Manawatu:					
Please outline your understanding of what support and services NZDF personnel and their families					
would need in the way of support from the business community:					
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With regards to that support and services you feel the NZDF organisation and families may need, in					
your opinion, what can your business provide and/or possibly work collaboratively with the NZDF					
community?					
Do you export? (Please circle)	Yes No				
If yes, what do you export?					
Do you import? (Please circle)	Yes No				
If yes, what do you import?					

Do you operate internationally beyond New		Yes	No			
	Zealand? (Please circle)					
Is your company p for/with the NZDF	re-qualified to undertake work ? (Please circle)	Yes	Yes No			
	ff have a Defence or National	Yes No				
Security Clearance? (Please circle)  If yes, please specify who within your company holds the security clearance and to what level:						
if yes, please specify who within your company holds the security clearance and to what level.						
If no, would you be	e prepared to undergo relevant	Yes No				
checks? (Please c	ircle)					
	Professional P	Referer	nces			
	ional references (For example, busi	inesses	you have	worked with or supplied to,		
existing Manawatū Chamber members, etc).						
Full Name:			ationship:			
Company:		Phone:				
	Address:					
Email:						
Full Name:		Doloti	onobin:			
Full Name: Company:		Phone	lationship:			
Address:		Filolie.				
Email:						
Zilidit	Statements	& Priva	CV			
I certify that to the	best of my knowledge my response			omplete.		
If my application is accepted (Please tick as acknowledgment):						
I agree to abide by the rules, charter and by-laws of the Manawatū Defence Hub,						
	including the use of the Manawatū Defence Hub logo.					
	I agree that I am encouraged to attend a minimum of 5 out of 6 Manawatū Defence					
	Hub meetings on an annual basis					
	I understand through signing this form I have agreed to accept newsletters,					
invitations and contact from the Manawatu Defence Hub, including the executive						
Cignoturos	committee members.	Datas				
Signature:		Date:				
Please send your completed application to the Manawatu Defence Hub SIG executive committee for						
review and they will respond to your application within 10 working days.						
Email to: liane@manawatuchamber.co.nz						
Privacy Statement:						
We take your privacy extremely seriously and are committed to ensuring your personal information is protected in compliance with all applicable New Zealand laws. The information collected on the form will be stored by the Manawatū						
Business Chamber and the Manawatū Defence Hub Special Interest Group to keep you informed of Manawatū Defence Hub						
activities, information and invitations.						
Manawatū Defence Hub Executive Committee Use ONLY						
Date of Review	Yes No					
Approval Email	ACTIONED	Socia	l media	ACTIONED		
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