



Promoting Best Practice Spreading

APPLICATION FORM

If you would like to become a member of Groundspread NZ (NZGFA), please complete this form and email it for approval to the chairperson of the branch that is closest to you. Head to the [Groundspread NZ \(NZGFA\) website](#) - for a list of branch locations as well as full information about Groundspread NZ (NZGFA) membership, including fees and terms and conditions.

Applicant's Details

Applicant's Name/s

Company Name

Postal Address

Physical Address (If different from above)

Contact Person

Office Phone

Cell Phone

Email Address

Accounts Email Address (if different from above)

Website URL

Number of Spreader Units

Are you Spreadmark Accredited?

Y/N

I/we wish to apply for membership of Groundspread NZ (New Zealand Groundspread Fertilisers Association).

I/we agree to be bound by the Association's Constitution.

I/we agree to pay the annual subscription and the branch levy as determined by the Rules.

Y/N

Applicant

Signed _____

Dated _____

Approved by:

Groundspread NZ (NZGFA) Branch Chairperson

Groundspread NZ (NZGFA) Executive Officer

Signed _____

Signed _____

Dated _____

Dated _____