

2026 MEMBERSHIP FORM

PLEASE COMPLETE THIS FORM AND RETURN TO CONTACT@TIDE.ORG.NZ OR DROP IN TO THE ELDERNET BUILDING, CORNER OF HAWKE ST/SHAW AVE FOR THE ATTENTION OF LINDA NICOLSON.

FIRST NAME	LAST NAME
BUSINESS NAME	
BUSINESS ADDRESS	
EMAIL ADDRESS	PHONE NUMBER
BUSINESS OPERATING DAYS	BUSINESS OPERATING HOURS
BUSINESS TYPE	
MEMBERSHIP LEVEL ☐ STANDARD MEMBERSHIP: \$120 YEARLY OR \$10 MONTHLY ☐ PREMIUM MEMBERSHIP: \$300 YEARLY OR \$25 MONTHLY ☐ CORPORATE MEMBERSHIP: \$500 YEARLY OR \$42 MONTHLY ☐ ASSOCIATE MEMBERSHIP: \$100 YEARLY OR \$8 MONTHLY	
☐ PLEASE INVOICE FOR THIS AMOUNT	INVOICE EMAIL ADDRESS
I HEREBY AGREE TO THE PRESENT AND FUTURE TERMS AND CONDITIONS OF TIDE NEW BRIGHTON BUSINESS ASSOCIATION	
NAME	DATE