

**BUSINESS PARTNER & AFFILIATE  
APPLICATION FORM**

Company Name: \_\_\_\_\_

Company Address (Physical): \_\_\_\_\_

Company Address (Postal): \_\_\_\_\_

\_\_\_\_\_

Manager Name(s): \_\_\_\_\_

Phone Numbers: Business: ( ) \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

I/We apply for the Funeral Directors Association of New Zealand for:

- Affiliate -- \$850+gst
- Support Business Partner -- \$2,000+gst
- Major Business Partner -- \$5,000+gst
- Key Commercial Business Partner -- \$28,000+gst

Briefly describe your business and why being an affiliate member would be beneficial to the wider membership.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

Name (Print): \_\_\_\_\_

**Funeral Directors Association of New Zealand (Inc)**

PO Box 25148, Wellington, 6146

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*Key Commercial Partner*