

Membership Subscription Form

I/We wish to become memb	pers of Oliveti		
Name/s:			
Home Address:			
Home Phone:			
Home Fhone.			
Mobile:			
	ucation and trends, seek su	re happy to receive e-mails from Oliveti to keep you inforpport and/or advice of the membership on related questio Oliveti.	
Grove Name/Label:			
Grove Address:			
Olive Varietals:			
Number of trees in grove:			
Approx. age of trees:			
Receipt Required:	Yes	No	

JOIN

Annual Subscription: \$50.00 (One membership per household)				
Please complete and return this form to Treasurer Oliveti P.O. Box 1379	ogether with payment to:			
Whangarei.	Or e-mail to delyat@xtra.co.nz			
Electronic Payment to : Bank acc Num	nber: 12 3099 0666999 00			
Enquiries: John	Bishop – Chair – theolivegrovenz@gmail.com			
Use of contact details : I have no object other members of Oliveti to further the	ction to my name and address being published or circulated to e objects of Oliveti.			
Name:				
Date:				
Signature:				