



PRODUCER MEMBERSHIP APPLICATION

I am applying for Producer Membership with Summerfruit New Zealand, and agree to accept the decision of the Board as to whether I qualify for membership.

If my application is accepted, I agree to abide by the Rules of the Society.

Business Name: Owner?
 Manager?
Key contact: Other (specify)
 (if different from above)

Orchard name:

Postal address:

Physical address:

Telephone: **Mobile:**

Email address:

Total area of orchard (ha): **Other crops:**

Predominant land use:
 (eg fruit, dairy, etc)

Total area in	Number of trees	New plantings planned this year?	Export	Grown for NZ Market	Process
Apricots (ha)		Yes/No			
Cherries (ha)		Yes/No			
Nectarines (ha)		Yes/No			
Peaches (ha)		Yes/No			
Plums (ha)		Yes/No			

Have you purchased an existing summerfruit orchard? Yes/No
 Are you Growsafe registered? Yes/No
 Are you registered with NZ Approved Supplier/NZ GAP? Yes/No
 Are you registered in any other food safety programmes? If so, which ones?

I confirm that the information provided by me is true and correct.

Applicant's signature: **Date:**

The Privacy Act: The information you supply to Summerfruit NZ on this form is collected for the following purposes:

1. To enable Summerfruit NZ to pursue its objectives as set out in the Rules of the Society from time to time.
2. To determine the voting entitlement of members of Summerfruit NZ.
3. For statistical and research purposes.

You have the right to access and correct personal information about you held by Summerfruit NZ.