

Details About the Legal Entity	
Full Name Of Legal Entity	
Type of Legal Entity	
Date of Incorporation	
Registration Number Issued on Incorporation	
Current Address of Registered Office	
Website Address	

Details of the Principal Contact Person	
Principal Contact Person	
Position Held	
Postal Address	
Email Address	
Mobile Phone	
Landline Phone	
Fax	

Operating Rules / Constitution / Corporate Statement	
Purpose of organisation as provided for in the Rules or Trust Deed	
Member Types provided for in the Rules or Trust Deed	

Operator Membership Composition (if any)	
Members: Total	
Members: Maori Trading	
Members: Non Maori Trading	
Members: Maori Non Trading	
Members: Non Maori Non Trading	
Maori Tourism On Database	

Governance & Management	
Current Governance Composition	
Current number of Management and Staff	

Corporate Planning	
Strategic Plan Current	
Annual Business Plan Current	

Initiatives Taken in Support of Tourism Operators	
Briefly describe the initiatives your organisation has taken in the last 12 months to help build the business capabilities of Maori tourism operators	
Briefly describe the initiatives your organisation has taken in the last 12 months to help enhance the product quality of Maori tourism operators	
Briefly describe the initiatives your organisation has taken in the last 12 months to help promote the products & services of Maori tourism operators	

Other Industry Membership	
Member of other Tourism Industry Organisations (Please specify)	

DECLARATION

I declare that:

1. I am authorised by the applicant to apply for membership to the New Zealand Maori Tourism Society
2. The Applicant understands and supports the objectives of the Society
3. The Applicant agrees to provide an annual update of the information provided with this application and within reasonable times specified by the New Zealand Maori Tourism Council

Name..... Position.....

Signature

Witnessed by:

Name..... Occupation.....

Signature

Date

PLEASE FORWARD THIS APPLICATION TO:

THE NEW ZEALAND MAORI TOURISM COUNCIL
 PO BOX 11-528
 MANNERS STREET
 WELLINGTON

FOR OFFICE USE ONLY

Date Application Received	
Date Application acknowledged	
Date Application Approved or Declined by Council	
Date Applicant advised of Council's Decision	