

Date:

Nelson A & P Association

PO Box 3062
Richmond 7050
Phone 03 544 7181
Email manager@richmondpark.nz
http://www.richmondpark.nz



23rd & 24th November

Richmond Park Showgrounds 358 Lower Queen Street, Richmond

NELSON A&P ASSOCIATION MEMBERSHIP FORM 2024

Please select one of t	he follow	wing options:	
Name(s)			
Address			
Post code Phone		Email	
Signature		Dated	
New Members Declaration:			
I wish to become a memb	er of The	Nelson Agricultural & Pastoral Associa	ation and undertake to pay annually
	-	_	ble for all subscriptions until such time
•		A & P Association receive my resignar	•
		The state of the s	
Membership Type	Cost	Show Passes	Tick one or write 'change to' if changing Membership type
Individual Membership	\$25	1 x Weekend Adult pass	
Partner Membership	\$35	2 x Weekend Adult passes	
Family Membership	\$25	1 x Weekend Family pass	
Competitive Membership	\$45	10 x Day Competitor passes	
Corporate Membership	\$60	6 x Weekend Adult passes	
		Membership Cancellation	
Voluntary Donation	\$		(any donation is appreciated)
Note: Adults a	re 17 year	rs & over / Family is 2 Adults + up to 3	Children (under 17 years)
Fotal Amount: ¢		Please tick if tay invoice/recein	t is required:
Total Amount: \$ Please tick if tax invoice/receipt is required:			
Payments can be	mada tı	o: Nelson A & P Association – Wes	tnac 02 0751 0152040 00
Fayments can be	indue to	J. Neison A & F Association – West	.puc - 03-0/31-0133040-00
***!f this is NOT a pour	man har	ahin annlication or if there is no in	severes in cost due to a change in
		ship application or if there is no in	
membership ty	pe only	pay the amount specified on your	membership invoice.***
Return to	· Nelson	A & P Association P O Box 3062	Richmond 7050
<u>Return to:</u> Nelson A & P Association, P.O. Box 3062, Richmond, 7050 Or Email: <u>manager@richmondpark.nz</u>			
	OI	Linuii. <u>munuger@nciimonupurk.nz</u>	<u>.</u>
Office Use:	Amount Received:		
Office OSE.	Amount Received.		

Membership Number: