****

**Membership Form 2023**

Business Name: ­­……………………………………………………

Address: ……………………………………………………

……………………………………………………

Business Email: …………………………………………………….

Business Phone: ……………………………………………………

Website address: …………………………………………………...

Facebook Link: ……………………………………………………...

Instagram Link: ……………………………………………………..

Opening Hours:

Monday: …..……a.m to……p.m

Tuesday: ..…..….a.m to……p.m

Wednesday: ……a.m to……p.m

Thursday: ………a.m to……p.m

Friday: …………..a.m to……p.m

Saturday: ……….a.m to……p.m

Sunday: …………a.m to……p.m

Business Owner Details:

First Name: ………………………………………………..

Surname: ………………………………………………….

Position: ……………………………………………………

Email: ………………………………………………………

Mobile: ……………………………………………………..

Second Business Owner/Manager Details:

First Name: …………………………………………………

Surname: …………………………………………………...

Position: …………………………………………………….

Email: ……………………………………………………….

Mobile: ………………………………………………………

Business Category: (Please tick one)

Health & Beauty Fashion & Retail Eat & Drink

Services Entertainment New ……………………

*Please return this form Plus a* ***JPEG*** *file of your* ***LOGO*** *via email to* [*manager@milfordshops.co.nz*](mailto:manager@milfordshops.co.nz)

*or call Murray on 021950463 to arrange for collection.*

Website. Date / / EDM Date / /