



Application for OutdoorsMark Accreditation

safety@outdoorsnz.org.nz
www.outdoorsnz.org.nz



TAX INVOICE GST No: 69 057 349

LEGAL NAME of company/business/organisation: _____

TRADING as: _____

TYPE of organisation (select one or more categories):

- | | |
|--|---|
| <input type="checkbox"/> Government and Crown Agency | <input type="checkbox"/> Adventure Tourism |
| <input type="checkbox"/> Non Government Organisation | <input type="checkbox"/> Outdoor Recreation |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Club |
| <input type="checkbox"/> Outdoor Education | |

Briefly describe the type of activities / experiences your organisation or business provides:

Please list any other organisations you deal with who require safety audits:

CONTACT INFORMATION

Street address: _____ Suburb: _____

Postal address: _____

Town / City: _____ Postcode: _____

Email: _____ Website URL: _____

CONTACT PERSON

Please give details of the individual owner or manager responsible for the business or organisation. This person will be "OutdoorsMark licensee". All correspondence will be with the "OutdoorsMark licensee".

Title: Mr / Mrs / Miss / Ms First name: _____ Surname: _____

Job title: _____ Relationship to business: _____

Business phone: _____ Business fax: _____

Mobile number: _____ Email: _____

Please circle preferred method of correspondence: Mail / Email / Fax

OUTDOORSMARK APPLICATION FEES (FIRST YEAR)

ONZ members:

- | | |
|---|----------------|
| <input type="checkbox"/> One site | \$995.00 + GST |
| <input type="checkbox"/> Additional sites | \$855.00 + GST |

Non-members:

- | | |
|---|-----------------|
| <input type="checkbox"/> One site | \$1195.00 + GST |
| <input type="checkbox"/> Additional sites | \$1055.00 + GST |

Note: Subsequent annual accreditation fees are detailed on our website <http://www.outdoorsnz.org.nz> or call 04 385 7287

PAYMENT

Total amount paid: \$ _____

Post your application and cheque to:

OutdoorsMark, Outdoors New Zealand, PO Box 11-776, Wellington, 6142, New Zealand.

For direct credit or credit card payments please contact: anne@outdoorsnz.org.nz

Signed: _____ Date: _____

Outdoors New Zealand office use only:

Date application received:

Application form complete: Yes / No

Date OutdoorsMark documentation sent:

Date entered into database:

Date fee received and banked:

Auditor name: