



# Application for OutdoorsMark Accreditation

[safety@outdoorsnz.org.nz](mailto:safety@outdoorsnz.org.nz)  
[www.outdoorsnz.org.nz](http://www.outdoorsnz.org.nz)



**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 the "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 FEES (for first year only)

### 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 |

## PAYMENT

Total amount paid: \$ \_\_\_\_\_

Post your application and cheque to:

OutdoorsMark, Outdoors New Zealand, PO Box 6027, Wellington, 6141, New Zealand.

For direct credit or online payments, please contact: [anne@outdoorsnz.org.nz](mailto:anne@outdoorsnz.org.nz)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Outdoors New Zealand office use only:

Date application received:

Application form complete: Yes / No

Date entered into database:

Date fee received and banked:

Auditor name: