Yes / No

The Craft Shop at Matakana Country Park

P.O. Box 622, Warkworth 0941

Membership Application Form

I / We the undersigned wish to apply for membership with the Craft Co-Op (known as the Craft Shop at Matakana Country Park).

Full Name:	
Residential address:	
Mailing address (if different):	
Telephone: Landline:	Mobile:
Email:	

If no I will be **an associate member** and 45% commission is retained on my sales

Yes / No

I will be a **full member**, doing Shop Duty and 25% commission is retained on my sales

- As a potential member you are asked to submit samples of your product/s to the Craft Shop along with a completed Application Form.
- Your product will be appraised at the Executive Committee which meets on the third Tuesday of each month, and oversees the management of the shop.
- You will be advised within one month as to whether or not the product has been accepted, or declined. The cost of returning any items to you will be your responsibility.
- Upon acceptance into the Co-op you will be asked **to sign an Agreement** between yourself and the Co-op.
- There will be a "one off" and non-refundable membership fee of \$25.00 payable to the treasurer, which needs to be paid prior to any products being displayed in the shop.

Suzy Hoten

email: newproducts@craft-shop.co.nz

mobile: 021 118 1539

New Product Comment Sheet

decline.		
Date received:		
Name:		
Member Number:	Full / Associate member (circle)	
Product:		_
Retail Price:		_
Please provide constructive c appropriateness for the shop.	omments and feedback regarding the product, taking note of quality and	
Decision: Yes / No		
Reason:		
Member who is to advise app		

Attached to Application Form and taken to the next scheduled Committee Meeting for approval or