

**MAILING LIST INFORMATION**

**Please complete one of these forms for individuals or positions within your company who would like to receive NZRMCA correspondence and are not listed on the Plant Information Sheet or the Application for Membership form. (Alternatively attach a business card)**

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Please complete and return to: NZRMCA Inc  
P O Box 505  
WELLINGTON**