

NZICH 2017 MEMBERSHIP APPLICATION



| | | |
|-------------------|------------------|--|
| New: | Renewal: | <i>(Please tick)</i> Membership number: n/a |
| INSTALLER: | SUPPLIER: | <i>(Please tick)</i> |

| | | |
|--|-------------|---------|
| Company Name: | | |
| Principal's name: | | |
| Physical address: | | |
| Postal address: | | |
| Email: | Work phone: | Mobile: |
| Employee size: (1-5) (6-10) (11-15) (20+) <i>(Please tick)</i> | | |
| Primary Business: Heating Gasfitting Drainlaying Plumbing <i>(Please tick)</i> | | |
| Regional areas covered: | | |
| Age of business: | | |

QUALIFICATIONS (NZ and Overseas)

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|---------------------------|
| PGDB no' (if registered): |
|---------------------------|

BUSINESS REFEREES

| | |
|-------------------------------|--------|
| 1 st Referee name: | |
| Address: | |
| Email: | Phone: |
| Relationship: | |
| 2 nd Referee name: | |
| Address: | |
| Email: | Phone: |
| Relationship: | |

NZICH seeks to maintain and uphold standards. Applicants (installers only) will be required to supply two install job references for review. Upon successful completion of the process the membership application will be approved

INSTALL REFERENCES

| | |
|---------------------------------------|---------------------|
| 1 st Heating install name: | |
| Install address: | Date job completed: |
| Phone: | E-mail: |
| 2 nd Heating install name: | |
| Install address: | Date job completed: |
| Phone: | E-mail: |
| 3 rd Heating install name: | |
| Install address: | Date job completed: |
| Phone: | E-mail: |

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| | | |
|---|---------|---------------------|
| 4 th Heating install name: | | |
| Install address: | | Date job completed: |
| Phone: | E-mail: | |
| 5 th Heating install name: | | |
| Install address: | | Date job completed: |
| Phone: | E-mail: | |
| MEMBERSHIP RATES | | |
| Joining fee (new applicants only): \$300 | | |
| Annual membership fee: \$600 | | |
| SIGNATURES | | |
| I authorise the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. | | |
| Signature of applicant: | | Date: |
| Print name: | | |

MEMBERSHIP CRITERIA

| | | |
|---|--|-------|
| Business has the required liability insurance of not less than \$1,000,000.00 | | |
| Information supplied here is true and correct to my knowledge | | |
| Will maintain a high level of work ethics, business and trade practice | | |
| Provide personal and business information as reasonably required from time to time to support the NZICH objectives | | |
| Signature of applicant: | | Date: |
| APPLICANTS NEED TO MAINTAIN PUBLIC LIABILITY INSURANCE OF NOT LESS THAN \$1,000,000. PLEASE ATTACH COPY OF YOUR POLICY WHEN RETURNING THIS FORM. | | |
| MEMBERSHIP MAY TERMINATE MEMBERSHIP IMMEDIATELY IF IT IS DEEMED YOU ARE NOT WORKING TO THE OBJECTIVES AND ETHICS OF THE NZICH | | |
| PAYMENT DETAILS | | |
| Payment method: | | |
| Cheque (make cheque payable to): NZICH Ltd | | |
| On Line Banking: Payment can be made to ANZ 06-0709-0846433-00, Use company name or membership number as reference. | | |
| | | |
| ACCEPT/DECLINE APPLICATION | | |
| Signature (on behalf of NZICH): | | Date: |
| Name: | | |