

NZICH 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)

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 directly from your customers to NZICH 3 install references for review and possible use on our website with the customers consent. Upon successful completion of the process the membership application will be approved

NAMES OF CUSTOMERS THAT WILL BE SENDING INSTALL REFERENCES

1 st Heating install customer name:	
Install address:	Date job completed:
2 nd Heating install customer name:	
Install address:	Date job completed:
3 rd Heating install customer name:	
Install address:	Date job completed:

NZICH MEMBERSHIP APPLICATION



MEMBERSHIP RATES

Joining fee (new applicants only): \$300

Annual membership fee: Installer \$600 (pro rata if joining after August), Supplier \$1200 (pro rata if joining after August)

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 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: