

Scaffolding and Rigging New Zealand (Inc)



APPLICATION FOR FULL MEMBERSHIP

With reference to the SARNZ rules: *Full membership shall be open to any New Zealand based organisation which is principally involved in the supply, manufacture and/or installation of scaffolding and rigging.*

NAME OF BUSINESS: _____ (*Individual or Company Name*)

TRADING AS: _____ (*Trading Name*)

CONTACT PERSON: _____ (*Person to receive all correspondence*)

CONTACT PERSON'S TITLE: _____ (*e.g., Director*)

POSTAL ADDRESS: _____

STREET ADDRESS (for couriers) _____

BUSINESS TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____ (*for contact person*)

FAX NUMBER: _____

E-MAIL ADDRESS: _____

INVOICES TO BE SENT TO: (*only complete this section if this is different to the postal address above*)

Business Name: _____

Postal Address: _____

Attention: _____

NAME/S OF COMPANY DIRECTOR/S OR PARTNERS _____

TOTAL NUMBER OF EMPLOYEES: _____

NUMBER OF YEARS IN THE SCAFFOLDING & RIGGING INDUSTRY: _____

NOMINEES: (*to become a member of SARNZ you must be nominated by two existing members*)

1. _____

2. _____

ANNUAL SUBSCRIPTION:

- MEMBERSHIP SUBSCRIPTION
- refer to Subscription Charges sheet for current charges
 - Annual membership is payable on receipt of Tax invoice
 - subscription may be paid by automatic payment

MEMBERSHIP AGREEMENT: (by signing this application form the applicant is deemed to have read, understood and agreed to abide by the following conditions of membership)

Financial Obligations: I/We agree to pay the SARNZ annual subscription following receipt of a tax invoice.

Rules: I/We agree to abide by the Scaffolding and Rigging New Zealand (Inc) Rules.

Professional Conduct: I/We agree to remain professional in respect to our workmanship and conduct to ensure that SARNZ and its members are not brought into disrepute.

Resignation/Termination of Membership: I/We agree to abide by the SARNZ rules relating to resignation from membership:

1. Notice must be given to the Association office 14 days prior to the date the resignation is to take effect.
2. Should I/we cease to be a member, I/we remain liable to SARNZ for any outstanding subscriptions, fines and levies which may be payable under the rules.
3. Should SARNZ be required, for whatever reason, be required to pursue me/us for any outstanding debt, I/we accept responsibility for payment of any debt collection and/or legal fees incurred by the Association.
4. I/we agree to return to the Association any property of the Association in my/our care or possession at the time.
5. I/we agree to cease promoting myself/ourselves as members of the Association. I/We will discontinue to use any Association logo and promotional material.
6. I/we agree not to disclose any confidential information relating to the Association or to any member to any parties outside the Association.

_____ Date: _____

On behalf of: _____ (Company Name)

Please provide copies of your Public Liability Insurance, Health and Safety Policy and verification that you employ trained and qualified scaffolders.

OFFICE USE ONLY	
APPLICATION APPROVED: _____	DATE: _____
PAYMENT RECEIVED WITH APPLICATION: \$ _____	
ACCOUNT FOR SUBSCRIPTION SENT: _____	DATE: _____