

Scaffolding, Access and Rigging New Zealand (Inc)



APPLICATION FOR ASSOCIATE MEMBERSHIP

With reference to the SARNZ rules: *Associate membership shall be open to any organisation which is involved in or is associated with the supply, manufacture and utilisation of scaffolding, access 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)*

WEBSITE: _____

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, ACCESS & RIGGING INDUSTRY: _____

ANNUAL SUBSCRIPTION:

MEMBERSHIP SUBSCRIPTION - Please refer to our website for current charges
- Annual membership is payable on receipt of tax invoice

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, in particular Rule 5d Members must comply with relevant Best Practice Guidelines.

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, 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.

Signature: _____ Date: _____

On behalf of: _____ (Company Name)

OFFICE USE ONLY	
APPLICATION APPROVED: _____	
INVOICE SENT: _____	PAYMENT RECEIVED: _____