

Scaffolding, Access and Rigging New Zealand (Inc.)



APPLICATION FOR FULL MEMBERSHIP

This application must be accompanied by a \$120.00 application fee. Please email application with supporting documentation to admin@sarnz.org.nz

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, 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)

EMAIL: _____

WEBSITE: _____

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, Access 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, 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)

To support your application please provide the following information:

- Public Liability Insurance.
- Health and Safety Policy (please ensure your policy includes specific procedures for working at height and falling objects).
- Drug and Alcohol Policy
- A list of your trained and qualified scaffolding, access and/or rigging staff, with CoC numbers where applicable
- Details of the type of jobs that have been completed in the last year.
- At least two photos of recently completed jobs.
- \$120.00 application fee

We will contact you when all supporting material has been received. Part of the application process may include a visit from our CEO or member of the executive.