

Scaffolding, Access and Rigging New Zealand (Inc)



APPLICATION FOR INDIVIDUAL MEMBERSHIP

Individual membership of SARNZ shall be open to any individual who is involved or is interested in or is associated with the supply, manufacture and utilisation of scaffolding, access and rigging products and services.

NAME: _____

NAME OF EMPLOYER: _____

POSTAL ADDRESS: _____

STREET ADDRESS (for couriers) _____

BUSINESS TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____

E-MAIL ADDRESS: _____

WHICH SECTOR(S) ARE YOU INVOLVED IN: SCAFFOLDING, ACCESS AND/OR RIGGING INDUSTRY: _____

NUMBER OF YEARS IN THE SCAFFOLDING, ACCESS & RIGGING INDUSTRY: _____

ANNUAL SUBSCRIPTION:

INDIVIDUAL MEMBERSHIP SUBSCRIPTION: \$200 PLUS GST

Annual membership is payable on receipt of tax invoice

I agree to abide by the rules of SARNZ as they apply to me as an individual member.

Signature: _____ Date: _____

OFFICE USE ONLY

APPLICATION APPROVED: _____

INVOICE SENT: _____ PAYMENT RECEIVED: _____