

# MASTER PLUMBERS MEMBERSHIP APPLICATION FORM 2012



<p><b>Full Membership category (please tick)</b></p> <p><input type="radio"/> A - Engaged in business in the Industry on your own account</p> <p><input type="radio"/> B - Conducting a business associated with the Industry, and employing persons licensed as Certifying Plumbers, Certifying Gasfitters or Certifying Drainlayers,</p>	<p><b>General Information (please tick)</b></p> <p><input type="radio"/> Sole Trader</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Company</p>
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<b>Company Name:</b>	
<b>No. of Years in Business: (Min 6 months trading)</b>	
<b>Principal Contact:</b>	
<b>Principal Licence Number:</b>	
<b>Primary Business:</b>	<input type="radio"/> Plumbing <input type="radio"/> Gasfitting <input type="radio"/> Drainlaying

Other – please specify:

<b>Physical Address:</b>			
		<b>Post Code:</b>	

<b>Postal Address:</b>			
		<b>Post Code:</b>	

<b>Work Telephone No:</b>	
<b>Mobile No:</b>	
<b>Fax No:</b>	
<b>Email Address:</b>	
<b>Home Telephone No:</b>	
<b>Website:</b>	

Where the Principal is not a Plumber, Gasfitter or Drainlayer, list the name and registration number of one of your employees in each category:

Plumber:	<b>Name:</b>	<b>Licence No:</b>
Gasfitter:	<b>Name:</b>	<b>Licence No:</b>
Drainlayer:	<b>Name:</b>	<b>Licence No:</b>

Confirmation of current employee licences is required each year.

<b>Referred By:</b> Have you been referred to Master Plumbers by an existing member and if so what was their company name?	
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Have you attached a copy of your public liability insurance?	<input type="radio"/> Yes	<input type="radio"/> No
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**Applicants need to maintain public liability insurance of not less than \$1,000,000  
(Please attach a copy of your policy when returning this form)**

For statistical purposes please provide the number of staff you employ and the percentage of work carried out against the categories listed below:

Staff employed	No.	Percentage of work in each area	%
CERTIFYING TRADESMEN:		PLUMBING & ROOFING	
LICENSED TRADESMEN:		GASFITTING & HEATING	
LIMITED CERTIFICATE (TRAINEE):		DRAINLAYING & WASTEWATER	
EXEMPTION HOLDERS:		BACKFLOW & SPRINKLERS	
LABOURERS:		SUSTAINABILITY	
ADMINISTRATION:			
TOTAL:			

Referees: (two are required – one of which should be a Master Plumbers Member)

<b>Referee No: 1</b>		
<b>Name:</b>		
<b>Organisation:</b>		
<b>Telephone:</b>	<b>Work:</b>	<b>Mobile:</b>
<b>Referee No: 2</b>		
<b>Name:</b>		
<b>Organisation:</b>		
<b>Telephone:</b>	<b>Work:</b>	<b>Mobile:</b>

<b>QA Review New Applicants</b>
<p>Master Plumbers seeks to maintain and uphold standards – new applicants are now required to undertake a review of their business practice and workmanship prior to acceptance. Upon successful completion of the process your application will be passed onto the CEO for approval.</p> <p>There is an upfront cost associated with the review of \$200.00 + GST.</p> <p>This non-refundable amount will be deducted from the final cost of membership upon confirmation of acceptance.</p> <p>Please make out cheques to: Master Plumbers, Gasfitters and Drainlayers NZ Inc and return with this application form or provide credit card details below.</p>

**Business Services**

Would you like to know more about Master Plumbers Insurance Brokers?	<input type="radio"/> Yes	<input type="radio"/> No
Would you like to know more about Masterlink apprentice mentoring?	<input type="radio"/> Yes	<input type="radio"/> No

## MPGD MEMBERSHIP RATE CARD

	YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>FEE excl GST</b>	\$1065.00	\$1065.00	\$976.25	\$887.50	\$798.75	\$710.00	\$621.25	\$532.50	\$443.75	\$355.00	\$266.25	\$200.00	\$200.00

Membership is based on a pro rata basis. Inclusive of this fee is an annual subscription to the NZ Plumbers Journal. First year of sign up will be charged out at month of membership confirmation based on the schedule shown above. Annual invoices will be sent out in Jan each year thereafter.

The Applicant's name may be advertised in Master Plumbers publication/s and substantiated objections sought from members within 10 days of listing. Any issues raised will be taken into consideration and your application may be referred to the board for guidance. The decision of the Board or the Chief Executive Officer under delegated authority on any application shall be final.

If the applicant is accepted as a member, this document will form a membership contract between the following parties:

1. The Applicant being the entity as stated on this form;
2. The Society being Master Plumbers, Gasfitters & Drainlayers NZ Inc., the owner of the intellectual property in the Master Plumbers trademark and logo;
3. The Association being one of the local Associations affiliated to Master Plumbers, Gasfitters & Drainlayers NZ Inc within whose geographical boundary your business lies.

All applications can be sent to: Master Plumbers, Gasfitters and Drainlayers NZ Inc,  
PO Box 6606,  
Wellington 6141

### I/We agree

1. to the Terms and Conditions of this application form and of the Rules of the Society and (where applicable) of the Association, the Code of Conduct and Code of Practice and any amendments adopted in accordance with the Rules of the Society;
2. to maintain a high level of ethics, and general business and trade practice as befitting the image the Society seeks to be associated with the Master Plumbers brand;
3. to be subject to the disciplinary procedures of the Society, and (where applicable) of the Association;
4. to provide such personal and business information reasonably required from time to time to support the objectives of the Society

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Payment Method		
<input type="radio"/> <b>Cheque</b> (Please make cheques payable to Master Plumbers, Gasfitters & Drainlayers NZ Inc)	<input type="radio"/> <b>Visa</b>	<input type="radio"/> <b>MasterCard</b>

<b>Cardholder's Name:</b> (please print)	
<b>Card No:</b>	
<b>Expiry Date:</b>	
<b>Signature:</b>	

<input type="radio"/> <b>Regular Monthly Payment</b>
This can be made to A/C 060513 0068350 00 please use your membership number as a reference when making payment
<b>OR</b>
<input type="radio"/> <b>Direct Debit</b> – payments will be direct debited from your account monthly over a maximum of 8 months

**Your payment will be actioned upon acceptance of your membership application and a tax invoice will be sent**

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For office use only:

**ACCEPT / DECLINE APPLICATION**

The applicant is hereby accepted / declined as a member of the Society

\_\_\_\_\_ Date: \_\_\_\_\_  
For Master Plumbers, Gasfitters & Drainlayers NZ Inc

*The personal information above is collected and will be held by the Society and/or Association as part of its Membership Register and to enable information about products and developments of interest to be sent to you. From time to time the information will also be disclosed to organisations directly related to the industry who may wish to supply you with information about products which the Society or Association believes will be of interest to you. You have the right of access to and correction of personal information about you that we hold.*