

Master Plumbers Associate Individual Membership Application Form

Employee Name:

Licence Number:

Business Name:

Employer Name:

PGDB authorisation (please tick):

- Certifying Registration Class
- Tradesman Registration Class
- Limited Certificate (Trainee)
- Exemption Holder

Primary Business: Plumbing Gasfitting Drainlaying

Email:

Home Phone:

Membership fees:

Associate Individual Membership - \$80+gst

The term of this membership is based on membership fees being payable annually in advance from date of membership confirmation.

Payment Method (to be paid on invoice)

- Cheque (Please make cheques payable to Master Plumbers, Gasfitters & Drainlayers NZ Inc)
- Credit Card (We will contact you for your credit card details)
- Direct Debit (Please use bank account details below)
- Online Banking – Payment can be made to A/C 02-0560-0276048-00. Please use your membership number as a reference

I agree

1. to the terms and conditions of this application form and of the Rules of the Society (available on request) and (where applicable) of the Association, the Code of Conduct and Code of Practice (available on request) 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 provide such personal information reasonably required from time to time to support the objectives of the Society.

Name: _____

Signature: _____ Date _____

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.

For office use only:

ACCEPT/DECLINE APPLICATION

The applicant is hereby ACCEPTED/DECLINED as a Member of the Society

Name: (please print) _____

Signature: _____

Date: _____

For Master Plumbers, Gasfitters & Drainlayers NZ Inc