

Master Plumbers Membership Application Form

Full Membership category (please tick A or B below)

- A – Certifying Plumber, Gasfitter and/or Drainlayer engaged in business in the industry on your own account for more than six months
- B – Conducting a business associated with the industry, and employing persons licensed as Certifying Plumbers, Certifying Gasfitters and/or Certifying Drainlayers

General Information (please tick):

- Sole Trader
- Partnership
- Company

Business Name:

Primary Business: Plumbing Gasfitting Drainlaying

Business Size: 1 man band 2-5 6-10 11-20 21+

Principal's Name:

Principal's Contact:

Principal's PGDB Registration Number:

Principal's Qualifications
(eg, Certifying Plumber, Tradesman Gasfitter):

Principal's Work Number:

Principal's Mobile Number:

Principal's Business Email:

Business Website:

Business Physical Address:

Business Postal Address:

Where the Principal is not a Plumber, Gasfitter and/or Drainlayer, please list the name/s and PGDB registration number of one employee relevant to each category, as applicable:

Plumber: Name: Reg No: Email: Mobile:

Gasfitter: Name: Reg No: Email: Mobile:

Drainlayer: Name: Reg No: Email: Mobile:

Referred by: If you have been referred to Master Plumbers by an existing member, please give their company name:

Business Activity (please tick those that apply to your business):

- | | | |
|---|---|--|
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Gasfitting | <input type="checkbox"/> Drainlaying |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Commercial New | <input type="checkbox"/> Commercial Fitout |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Residential New | <input type="checkbox"/> Residential Alterations |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Heating | <input type="checkbox"/> Backflow |
| <input type="checkbox"/> Home Fire Sprinklers | <input type="checkbox"/> Sustainability/Solar Water Heating | <input type="checkbox"/> Building Maintenance |
| <input type="checkbox"/> Wastewater | | |

Business Description (up to 50 words). For example: Bathrooms & kitchens for new David Reid Homes

Areas serviced by your business. For example: Auckland, North Shore; Auckland CBD

Referees (two are required, one of which should be a member of Master Plumbers):

Referee No 1

Name:

Organisation:

Mobile Number:

Office Number:

Referee No 2

Name:

Organisation:

Mobile Number:

Office Number:

QA Audit for Membership Applicants

Master Plumbers seeks to maintain and uphold standards. Applicants are required to undertake an audit of their business practices prior to acceptance. Upon successful completion, your application will be passed onto the Chief Executive for approval.

Business Services

Would you like to know more about Master Plumbers Insurance?

Yes No

Would you like to know more about the Masterlink apprentice scheme?

Yes No

Master Plumbers Full Membership Rates

Business size (staff numbers)	Fee
One Man Band	\$945 + GST
2-5	\$1,050 + GST
6-10	\$1,125 + GST
11-20	\$1,200 + GST
21+	\$1,250 + GST

Membership is charged on a pro rata basis. This fee includes an annual subscription to *NZ Plumber* magazine (six issues per year). The first year of sign up will be charged out at month of membership confirmation and payable on 20th of the following month. Annual invoices will be sent out in January each year thereafter and payable on 20th of February.

Any substantiated objections to the applicant becoming a Master Plumbers member will be sought from the relevant Association or Branch within 10 days of receipt of the application form. 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 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:

1. The Applicant – being the entity as stated on this form;
2. The Society – being Master Plumbers, Gasfitters and 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 or Branches affiliated to Master Plumbers, Gasfitters and 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

Have you attached a copy of your public liability insurance? Yes No

Applicants need to maintain public liability insurance of not less than \$1,000,000 (1 million dollars). Please attach a copy of your policy when returning this form.

I/We agree:

1. that the information supplied here is true and correct to the best of my knowledge
2. to the terms and conditions set out in this application form
3. that the Society may terminate my/our membership immediately in accordance with the Rules of the Society
4. to the Rules of the Society (available on request) and, where applicable, of the Association; to the Society's Code of Practice and Code of Conduct (available on request); and to any amendments adopted in accordance with the Rules of the Society
5. 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
6. to be subject to the disciplinary procedures of the Society (available upon request), and, where applicable, of the Association or Branch
7. to provide such personal and business information reasonably required from time to time to support the Society's objectives
8. that my/our business has the required public liability insurance of not less than \$1,000,000

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 that 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.

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

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