



## **BUSINESS MEMBERSHIP APPLICATION**

*To Become a*  
**"CERTIFIED BUSINESS"**

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Please Return To:

**Association of Wall and Ceiling Industries  
of New Zealand Inc.**

**PO Box 302-486  
North Harbour, Auckland 0751**

**Free phone 0800 AWCINZ (0800 292 469)**

**Phone: 09 442 4260 Fax: 09 442 4263**

**Email: [admin@awcinz.org.nz](mailto:admin@awcinz.org.nz)**

**Web site: [www.awcinz.org.nz](http://www.awcinz.org.nz)**

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### **OBJECTIVE**

"To provide the consumer with complete security in the knowledge that Certified AWCINZ Members are trade qualified or have achieved the standard required by the Association to be accepted as trade qualified in the trade skills specified.

### **IMPORTANT**

Before completing this application form may we suggest you read  
"Membership Information Brochure" first.



Have you or your business ever been involved in any major dispute requiring mediation, arbitration or adjudication to resolve within the last 2 years	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If the answer was yes please give a written account of the events and the outcome	Attached	<input type="checkbox"/>

**SECTION 2: TRADE REFERENCES**

Please state the name of the Suppliers that you most regularly use – Account must have been opened and operating for at least 12 months

<b>Company Name</b>		<b>Contact</b>	
<b>Postal Address</b>		<b>Business Phone</b>	
<b>Town</b>		<b>Facsimile</b>	
<b>Company Name</b>		<b>Contact</b>	
<b>Postal Address</b>		<b>Business Phone</b>	
<b>Town</b>		<b>Facsimile</b>	
<b>Company Name</b>		<b>Contact</b>	
<b>Postal Address</b>		<b>Business Phone</b>	
<b>Town</b>		<b>Facsimile</b>	

**SECTION 3: WORK REFERENCES**

Please provide at least four work references from Clients for whom you have undertaken work in the last twelve months. Indicate the trade classes involve in the work for each reference.

<b>Name</b>		<b>Contact</b>	
<b>Postal Address</b>		<b>Business Phone</b>	
<b>Town</b>		<b>After Hours</b>	
<b>Describe Work Undertaken</b>			
AFI <input type="checkbox"/>	FCLFin <input type="checkbox"/>	FCLFix <input type="checkbox"/>	FPI <input type="checkbox"/>
FPMan <input type="checkbox"/>	PBFin <input type="checkbox"/>	PBFix <input type="checkbox"/>	PPI <input type="checkbox"/>
SCI <input type="checkbox"/>			

<b>Name</b>		<b>Contact</b>	
<b>Postal Address</b>		<b>Business Phone</b>	
<b>Town</b>		<b>After Hours</b>	
<b>Describe Work Undertaken</b>			
AFI <input type="checkbox"/>	FCLFin <input type="checkbox"/>	FCLFix <input type="checkbox"/>	FPI <input type="checkbox"/>
FPMan <input type="checkbox"/>	PBFin <input type="checkbox"/>	PBFix <input type="checkbox"/>	PPI <input type="checkbox"/>
SCI <input type="checkbox"/>			

<b>Name</b>		<b>Contact</b>	
<b>Postal Address</b>		<b>Business Phone</b>	
<b>Town</b>		<b>After Hours</b>	
<b>Describe Work Undertaken</b>			
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SCI <input type="checkbox"/>			

<b>Name</b>		<b>Contact</b>	
<b>Postal Address</b>		<b>Business Phone</b>	
<b>Town</b>		<b>After Hours</b>	
<b>Describe Work Undertaken</b>			
AFI <input type="checkbox"/>	FCLFin <input type="checkbox"/>	FCLFix <input type="checkbox"/>	FPI <input type="checkbox"/>
FPMan <input type="checkbox"/>	PBFin <input type="checkbox"/>	PBFix <input type="checkbox"/>	PPI <input type="checkbox"/>
			SCI <input type="checkbox"/>

**SECTION 4: SUBSCRIPTIONS**

Please refer to the Subscription Schedule as attached for the appropriate subscription category and amount

<b>Certified Tradesman Membership</b>	\$
<b>Certified Business Membership</b>	\$
<b>GST</b>	\$
<b>TOTAL</b>	\$
<b>Cheque Enclosed (Cheque must accompany your application)</b>	\$

**DECLARATION**

I/We declare the above information is true and correct in all respects and is not misrepresented in any way

**RULES OF THE ASSOCIATION**

I/We also agree to abide by the rules of the Association of Wall and Ceiling Industries of New Zealand Inc. knowing that contravening any rule, regulation, bylaw or law of the Association or acting in contravention of its objects; failing to observe or perform any provisions of the Association’s Code of Ethics in connection with the conduct of the member’s business; being of a character, or having business methods or practices which are in the sole opinion of the Executive not in the best interests of the Association; or bringing discredit or disrepute to the Association, may allow the Executive acting within the powers invested in it under the rules of the Association, terminate my/our membership.

I / We understand that acceptance of my/our application for membership is at the discretion of the Executive Council.

**PRIVACY ACT 1993**

Pursuant to the Privacy Act 1993, I/we authorise and consent to allow the disclosure of personal information (pertaining to this application) about me/us which is held by any referees (listed above) which in the view of the committee is relevant to the assessment of this application. I/We also consent to allow for the disclosure of any appropriate information by the Association of Wall and Ceiling Industries of New Zealand Inc, for any such purpose as the Association deems appropriate, which will include providing information to sponsors.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_