



CORPORATE MEMBERSHIP APPLICATION

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

Web site: www.awcinz.org.nz

We hereby apply to become a Corporate Member of the Association of Wall and Ceiling Industries of New Zealand Inc.

BUSINESS NAME-----

POSTAL ADDRESS -----

Physical Address-----

CONTACT PERSON:-----

POSITION IN COMPANY:-----

PHONE:----- **MOBILE:**-----

FAX:-----

EMAIL:----- **WEBSITE:**-----

BUSINESS ACTIVITY:-----

We submit the names of two members of the Association of Wall and Ceiling Industries of New Zealand Inc. who will propose and second our Application for Membership.

Proposed By-----

Seconded By-----

Our cheque for \$ 575.00 is attached

**Subscription \$500 plus GST per annum from the date your membership commences.
Note: A cheque for the first year's subscription must accompany the application.
We declare the above information to be true and correct.**

We agree to abide by the rules of the Association of Wall and Ceiling Industries of New Zealand

Pursuant to the Privacy Act 1993, we consent to allow the disclosure of appropriate information by the Association of Wall and Ceiling Industries of New Zealand Inc for any purpose as the Association deems appropriate.

Signature-----**Date**-----