



ASSOCIATE 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

I / we hereby apply to become an Associate Member of the Association of Wall and Ceiling Industries of New Zealand Inc.

BUSINESS NAME-----

Number of years in business-----

POSTAL ADDRESS -----

Physical Address-----

CONTACT PERSON:-----

POSITION IN BUSINESS:-----

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

FAX:----- EMAIL:-----

BUSINESS ACTIVITY:-----

Plasterboard / Fibrous Plaster / Wall & Ceiling /other

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

Proposed By-----

Seconded By-----

Our cheque for \$345.00 is attached

Note: A cheque for the first year's subscription of \$300 Plus GST must accompany the application.

I/We declare the above information to be true and correct.

I/We agree to abide by the rules of the Association of Wall and Ceiling Industries of New Zealand Inc Pursuant to the Privacy Act 1993, I/ we consent to allow the disclosure of appropriate information by the Association of Wall and Ceiling Industries of New Zealand for any purpose as the Association deems appropriate which will include providing information to Sponsors.

Signature-----Date-----