

ASSOCIATE MEMBER APPLICATION FORM



www.bbfnz.co.nz

1. Please indicate what type of associate member you are (You may tick more than one option):

- Building Company Tool Provider Safety Gear Provider

2. Company Name:

3. Company Website Address:

4. Company Postal Address:

5. Company Physical Address
(if different):

6. Contact Person 1:	Name:	Position:
	Email:	Mobile Phone:
7. Contact Person 2:	Name:	Position:
	Email:	Mobile Phone:

8. Please indicate which regions of NZ you operate:

- Northland Auckland Waikato BOP
 Taranaki Gisborne / Hawkes Bay Manawatu Wellington
 Tasman Canterbury Central Otago Dunedin
 Timaru Southland

9. Please advise on what involvement you would like with the NZ Masonry Trades Association:

- We would like to assist with delivering training presentations at local meetings;
 We would be keen to hear about product promotion opportunities;
 We would be keen to attend local joint industry meetings;
 We will meet them at our yearly AGM/Conference.

DECLARATION

We understand that by completing this membership form we are seeking associate membership to the Brick and Blocklayers Federation of New Zealand.

We agree that if membership is granted to pay the agreed membership fees within 7 working days of receiving an invoice. We agree to update any information on this form within 10 working days of it changing.

We acknowledge that we need to ensure that we provide two months' notice to terminate our membership and will need to pay any outstanding fees until that point.

I confirm that I am authorised to seek this membership.

Full Name:

Position:

Signature:

Date:

This application form may either be emailed to info@bbfnz.co.nz or posted to BBFNZ: PO Box 50-137, Porirua 5240

OFFICE USE ONLY

Date received:

Application approved:

Associate membership number:

Date notified:
