

TRADE MEMBERSHIP APPLICATION FORM



www.bbfnz.co.nz

COMPANY (TRADE MEMBER) NAME:

COMPANY CONTACT DETAILS

Company contact number:

Website address:

Email address:

Postal address:

Physical address (if different):

COMPANY OWNER/DIRECTOR

Name:

Job Title:

Contact number:

Email address:

KEY CONTACT PERSON (IF DIFFERENT)

Name:

Job Title:

Contact number:

Email address:

EMPLOYEE MEMBERS

Total number of employees:

Please attach a document with this information listed if there is not enough room below.

Name	Role	Mobile Number	Email address	LBP Member?
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO

DECLARATION

I confirm that I have the authority to register this company with the New Zealand Masonry Trades Association (NZMTA).

I acknowledge that as the contact information provided is listed on a public website that I will try to update this information within 10 working days of it changing.

I acknowledge that this membership automatically renews each year and if I wish to terminate this membership I must provide at least two months' written notice and must pay any outstanding fees or charges.

Full Name:

Signature:

Date:

This application form may either be emailed to info@nzmta.co.nz or posted to New Zealand Masonry Trades Association, PO Box 50-137, Porirua 5024.