



Branch Associate Membership Application Form

Branch you want to join:	
Company Name:	
Trading Name:	Company No:
Contract Name 1:	
Contact Name 2:	
Postal Address:	Postal Code:
Street Address:	Postal Code:
Suburb:	City:
Land Line:	Fax:
Mobile 1:	Email 1:
Mobile 2:	Email 2:
Website:	

What is Branch Associate Membership

Branch Associate Membership is an affiliation with ONE NZCF branch. To belong to more than one branch necessitates becoming a Major Associate. If in doubt, please check with national office their contact details are shown below.

What are your company's specific business activities:

What do you want from membership with the NZ Contractors' Federation?

<input type="checkbox"/> Interaction with Contractors	<input type="checkbox"/> Distribute flyers to Contractors
<input type="checkbox"/> Networking Opportunities	<input type="checkbox"/> Better understanding of industry
<input type="checkbox"/> Receive Schemes/Discounts/Benefits	<input type="checkbox"/> Give back to industry
<input type="checkbox"/> Provide Schemes/Discounts/Benefits	<input type="checkbox"/> Sponsorship opportunities
<input type="checkbox"/> Attend Branch Meetings	<input type="checkbox"/>

Other Please specify:

PTO

How did you hear about the NZ Contractors' Federation?

<input type="checkbox"/> NZCF Website	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Contractor/Member	<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> NZCF Event	<input type="checkbox"/> NZCF Employee
<input type="checkbox"/> Contractor Magazine	<input type="checkbox"/> Associate/Supplier

Other Please specify: _____

Contractor Magazine – additional subscription (1 free with membership) **\$72.00-Inc GST**

Please provide names and mailing address

11 Issues per year

Name:	Title:	
Address:	City:	Post Code:

Name:	Title:	
Address:	City:	Post Code:

Method of Payment – Subscription amount: \$

Contact your branch for subscription amount if not above, an invoice will be provided:

Please indicate your preferred payment option:

Cheque Credit Card Direct Credit Direct Debit

Branch Bank Account Number:

Company : _____

Cardholder Name: (Visa/MasterCard) _____

Credit Card Number:

Expiry Date: mm/yy _____

Sign: _____ Amount: \$ _____
 Contact NZCF on 0800 692 376

Membership Declaration

The undersigned hereby declares that the information supplied is true in substance and in fact, and authorises the New Zealand Contractors' Federation (NZCF) to verify, where and when necessary, claims and/or estimates made. The undersigned has read and understood this declaration, the NZCF's rules, and the NZCF's code of ethics. The undersigned hereby applies for membership of NZCF with the _____ branch and agrees to abide by the NZCF's rules and code of ethics, as may be amended from time to time by NZCF. The undersigned also gives permission to NZCF to display my/our contact details on the NZCF Branch directory and provide contact information to all members from time to time.

Signed:	Name:
Date:	Position:

New Zealand Contractors' Federation
Margan House, 21 Fitzherbert Terrace, Thorndon
P O Box 12-013, Wellington 6144
Ph: 0800 692 376 Fax: 04 496 3272
Email: info@nzcontractors.co.nz
Website: http://www.nzcontractors.co.nz/about_branches.php