



The Voice of the
Building Services
Industry in New Zealand

APPLY NOW

Associate membership application form

Name of registered company _____

Trading as _____

Postal Address _____

Street Address _____

Telephone Number _____ Website address _____

Mobile/Phone Number _____

List of Company Directors and Management

Full Name _____ Position _____

Phone/Mobile _____ Email _____

Full Name _____ Position _____

Phone/Mobile _____ Email _____

Full Name _____ Position _____

Phone/Mobile _____ Email _____

Name of person/s responsible for the day to day running of the business

Full Name _____ Position _____

Phone/Mobile _____ Email _____

Name of person to contact for accounts payable

Full Name _____ Position _____

Phone/Mobile _____ Email _____

Name and contact details of Company Representative/s to BSCNZ

Full Name _____ Position _____

Phone/Mobile _____ Email _____

Area based _____

Full Name _____ Position _____

Phone/Mobile _____ Email _____

Area based _____

Full Name _____ Position _____

Phone/Mobile _____ Email _____

Area based _____

Please list the regions your business operates in

Please provide details of the products and services your business offers

What other associations is your business a member of

Please indicate which of the following types of engagement with members suit your business offerings best (please tick)

- Training
- Seminars
- Social gatherings
- Hosting events/meetings
- Campaigns
- Marketing events
- Product samples
- Other (please specify)

FOR BSCNZ OFFICE USE ONLY:

42 Proposer/Seconder

I consider the applicant to be a fit and proper company for Membership of the Association.

Proposer _____ Signature _____

Seconder _____ Signature _____

The seconder must be a fully financial and current member of the Association's corresponding area committee.

The seconder will not be privy to any confidential information supplied by the applicant.

- Attached all procedural checks

Date of completion _____ Signature _____