

Full Membership Application Form

Branch you want to join:		Company No:
Company Name:		Trading Name:
Company Address:		
Suburb:		City:
Management Contact:		Phone:
Mobile:		Email:
Technical Contact:		Phone:
Mobile:		Email:
Admin Contact:		Phone:
Mobile:		Email:
Contact name on NZCF Website Directory:		
Phone:		Email:

Turnover Category your company belongs in (Tick one category)

- | | |
|---|--|
| <input type="checkbox"/> O - \$1 Million | <input type="checkbox"/> \$10 - \$25 Million |
| <input type="checkbox"/> \$1 - \$5 Million | <input type="checkbox"/> Over \$25 Million |
| <input type="checkbox"/> \$5 - \$10 Million | |

This category must be based on the total turnover of the Registered Limited Company not its divisions.

Number of Employee

What are your company's specific business activities:

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Asphalt | <input type="checkbox"/> Drainage (Civil) | <input type="checkbox"/> Kerbing | <input type="checkbox"/> Pipe Welding |
| <input type="checkbox"/> Bridge Building | <input type="checkbox"/> Drilling (Directional) | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Project Development |
| <input type="checkbox"/> Civil Construction | <input type="checkbox"/> Earthworks | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Quarry |
| <input type="checkbox"/> Concrete Cutting | <input type="checkbox"/> Excavation | <input type="checkbox"/> Micro Tunnel | <input type="checkbox"/> Retaining Walls |
| <input type="checkbox"/> Concrete Placing | <input type="checkbox"/> Freight/Cartage | <input type="checkbox"/> Paving | <input type="checkbox"/> Road Metal Production |
| <input type="checkbox"/> Cranes | <input type="checkbox"/> GEO Technical | <input type="checkbox"/> Piling | <input type="checkbox"/> Roading |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> General Contracting | <input type="checkbox"/> Rail | <input type="checkbox"/> Traffic Management |

Other - Please specify:

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

- | | |
|---|--|
| <input type="checkbox"/> Interaction with other contractors | <input type="checkbox"/> Technical Advice |
| <input type="checkbox"/> Networking Opportunities | <input type="checkbox"/> Better understanding of industry |
| <input type="checkbox"/> Schemes/Discounts/Benefits | <input type="checkbox"/> Give back to industry |
| <input type="checkbox"/> Events/Awards/Competitions | <input type="checkbox"/> QUEST/Health & Safety Information |

Other Please specify:

PTO

How did you hear about the NZ Contractors' Federation?

<input type="checkbox"/> Internet	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Contractor/Member	<input type="checkbox"/> Branch
<input type="checkbox"/> Conference/Roadshow/Seminar	<input type="checkbox"/> NZCF Employee
<input type="checkbox"/> Contractor Magazine	<input type="checkbox"/> Associate/Supplier

Other Please specify: _____

Contractor Magazine –subscription (1 free with membership)

Please provide name and mailing address

Name:	Address:	
Suburb:	City:	Post Code:

Contractor Magazine – additional subscription \$72.00 for 11 issues pa

Name:	Address:	
Suburb:	City:	Post Code:

Method of Payment

Contact national office on 0800 692 376 for subscription amount, an invoice will be provided.

Please indicate your preferred payment option:

Cheque Credit Card Direct Credit Direct Debit

Bank Account: 02 – 0500 – 0944809 – 00 (please include company name on statement)

Company : _____

Cardholder Name: (Visa/MasterCard) _____

Credit Card Number:

Expiry Date: mm/yy _____

Sign: _____ Amount: \$ _____

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 with the NZCF and its branches 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 website 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: www.nzcontractors.co.nz