

Application for Membership

CLASS OF MEMBERSHIP:	<input type="checkbox"/> Contractor	<input type="checkbox"/> Associate	
TYPE OF BUSINESS:	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership

BUSINESS DETAILS:	
Business Owner Name:	
Email:	Phone:
Contact Person for Accounts (if different to above):	
Email:	Phone:
Business Trading Name:	
Business Legal Name (if different to above):	
Postal Address:	
Physical Address:	
Website:	
Company Branches:	
Has any director or shareholder in the business been convicted of a disciplinary offence under any section of the Electricity Act? <i>(If 'Yes', please provide further detail):</i>	

STAFF NUMBERS			
Electricians:	Apprentices (directly employed):	Inspectors:	Admin:
Other (please specify):			
Note: Your staff licence numbers will be checked at your Quality Assurance review.			

NATIONAL SUBSCRIPTION

(Subscriptions are based on the number of **electrical staff only** in the business and are excluding GST):

Tick to select	
	Category 1: 1–2 employees: \$66.30 / Month (\$795.65 / Year)
	Category 2: 3–9 employees: \$108.04 / Month (\$1296.52 / Year)
	Category 3: 10+ employees: \$150.00 / Month (\$1800.00 / Year)
	Associate Member: \$83.34 / Month (\$1000.00 / Year)

Payments are made by monthly direct debit, so **please complete the direct debit form on page 3.**

TYPE OF WORK

Domestic %:

Commercial %:

Industrial %:

Other (please specify) %:

AGREEMENT

I agree to all Terms and Conditions of membership (further information on Ts and Cs can be found on our website – www.masterelectricians.org.nz)

Full name:

Signature:

Date:

If you have any questions, please call Master Electricians National Office on 0800 50 66 88 or email admin@masterelectricians.org.nz

ACCOUNT INFORMATION

Name of account to be debited:

Account to be debited:

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Bank

Branch

Account

Suffix

**AUTHORITY TO
ACCEPT
DIRECT DEBITS**

(Not to operate as an assignment or agreement)

To: The Manager: Please print full postal address clearly

Bank:

Branch:

Address:

Authorisation Code:

0	3	3	3	5	1	1
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Date:

I/We authorise you until further notice in writing to debit my/our account with you all amounts which -

The Electrical Contractors Association of NZ (Inc)

(hereinafter referred to as the Initiator)

The registered Initiator of the above Authorisation Code may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on this form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer Particulars:

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Payer Code:

--	--	--	--	--	--	--	--	--	--

Payer Reference:

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(ECANZ Membership Number)

Name of Account:

(Customer to complete)

Authorised Signature(s):

APPROVED

3351

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FOR BANK USE ONLY

Date Received	Recorded by	Checked by

Original - retain at branch
Copy - forward to Initiator if requested

BANK
STAMP