



**N.Z. CONCRETE SAWING & DRILLING ASSOCIATION INC
PO BOX 302-486, NORTH HARBOUR, AUCKLAND 0751**

APPLICATION FOR MEMBERSHIP

[1] COMPANY NAME:

TRADING NAME (if different).....

I / we hereby make application for membership of the NZ Concrete Sawing & Drilling Association Inc., a duly incorporated body of Concrete Sawing & Drilling Contractors having its registered office in Auckland. I / we undertake to be bound by the rules of the association and to pay within three calendar months of receipt, the annual subscription so decided by the executive each year, as determined in accordance with the said rules.

[2] MEMBERSHIP TYPE

Membership of the Association shall be open to any individual, partnership, company, association or body corporate who shall be graded thus:

(a) Full Members

Full Members shall be any of the afore-mentioned **substantially engaged** in the business of concrete sawing and drilling and tasks incidental and related thereto.

(b) Associate Members

Associate Members shall be any person, company or body corporate engaged in whole or part in the manufacture, importation, supply, maintenance and repair installation or promotion of machinery, tools of the trade or related equipment pertaining to the business of concrete sawing and drilling. Notwithstanding that the Executive may resolve to admit any applicant who does not meet the above criteria.

SUBSCRIPTION COST \$460.00 (incl GST)
The Membership year is 1st April to 31st March.

Please circle the correct membership type for your business:

FULL MEMBER / ASSOCIATE MEMBER

[3] APPROVAL CRITERIA

- i. New members must be nominated & seconded by paid-up members of the association.
- ii. A new member becomes a probationary member for 12 months with no voting power for the first full membership year.

[4] COMPANY INFORMATION

Postal address

Street address

Phone Fax

Contact person Mobile

Email Web

[5] COMPANY BACKGROUND

No. of years in current business.....

No. of employees: *(Concrete Cutters/Drillers)* *(Non Concrete Cutters/Drillers)*

Region of activity.....

Scope of activities undertaken

[6] HEALTH & SAFETY

I understand that I / we will be required to purchase the Association Safety Manual at a cost of \$84.38 and also attend a safety course at the first opportunity or within 12 months of joining the NZCSDA.

[7] CERTIFICATION

To the best of our knowledge, as at the date of application I / we declare that the above has been read and understood and that the information we have given in the above sections is correct

Signed

Date

Designation

(OFFICE USE ONLY)

Name of person nominating _____

Seconded by _____

Application approved by committee (date) _____

Applicant advised (date)_____