



New Zealand Plumbers, Drainlayers & Gasfitters Association

PO Box 74416
Greenlane, Auckland 1546
09 579 3369
secretary@nzpdg.org.nz
www.nzpdg.org.nz

Associate Membership Application

Company name:

Applicants full name:

Position held by applicant:

Contact phone numbers:

Email:

Physical address:

Postal address:

What products or services do you or your company offer to NZ citizens?

What are your 2 main reasons for wanting to join our Association?

What do you expect to gain from our Association as a member?

Have you previously belonged to or currently belong to any other Association? If yes, with who and how long you were a member?
(optional)

Please supply 2 references;

Name: Company: Phone Number:

Name: Company: Phone Number:

Supply 2 referrals (optional) and receive \$100 food voucher for each one that joins our Association within the month;

Name: Company: Phone Number:

Name: Company: Phone Number:

ASSOCIATE Membership is \$500 + GST annually.

Membership will start and renew annually on the date your application is accepted and invoiced

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application is accepted, I understand that false or misleading information in my application may result in my membership being ceased.

Signature: _____

Date: _____