

# MEMBERSHIP APPLICATION FORM



**INSULATION  
ASSOCIATION**

<b>Company Legal Name</b>			
	Trading as (if different)		

<b>Physical Address</b>			
<b>Postal Address</b>			
<b>NZBN Registration #</b>			

<b>Business Phone</b>		<b>Mobile Phone</b>	
<b>Website</b>			

<b>Contact - Principal</b>	Full Name/Role			email		
<b>Technical/Quality Contact</b>	Full Name/Role			email		
<b>Additional Key Contact/s</b>	Full Name/Role			email		
<b>Main Business Activity</b> (Select multiple if applies)	Installer	NZ Manufacturer	Off-Shore Manufacturer	Distributor		
<b>Number of employees</b>	Admin / Sales		Installers		<b>Total</b>	
<b>Turnover NZ\$</b>	<\$1m	\$1m - \$5m	\$5m-\$10m	+\$10m		
Does your company have additional branches/ franchisees in NZ	Yes		No		Total # of locations	

Provide an outline of why you wish to be a Member of IAONZ?						
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<b>How long has the Company been in Operation?</b> Detail your experience (Please note: Any company in operation less than 12 months will only be accepted as a provisional member until in operation for 12 months.)						
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Does your company have independently verified <b>Health &amp; Safety</b> System?	SiteWise Green	Sitewise Gold	PreQual	Other <small>Please specify</small>	No	
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Does your company have independently verified <b>Quality</b> System?	Please Detail					
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**Please confirm your business holds the following current Insurances:**

Public Liability	Yes (expiry)	No
Commercial Vehicle	Yes (expiry)	No
Tools & Asset Insurance	Yes (expiry)	No
Statutory Liability Insurance	Yes (expiry)	No



## Installer specific verifications

How long have you/your business been installing insulation?  Detail experience held.			
Has anyone in your company previously undertaken any IAONZ training course or insulation installation training?  It is a condition of acceptance to the Association that all members must ensure at least one staff member completes the IAONZ accredited course within 6 months of joining.	Please list full names & year of completed course		
Are you aware of the New Zealand Standard NZS4246:2016	Yes	No	
Can you certify that all your installation staff members have read and are conversant with this Standard?	Yes	No	
Please advise number of your team needing NZS4246:2016 training in the next 6 months			

## Installation Project References Please list 4 – 5 recent project references, including photos

<b>Company Details 1</b>			
Outline the project details and insulation installation	Company name	Main contact/role	Mobile & email
<b>Company Details 2</b>			
Outline the project details and insulation installation	Company name	Main contact/role	Mobile & email
<b>Company Details 3</b>			
Outline the project details and insulation installation	Company name	Main contact/role	Mobile & email
<b>Company Details 4</b>			
Outline the project details and insulation installation	Company name	Main contact/role	Mobile & email
<b>Company Details 5</b>			
Outline the project details and insulation installation	Company name	Main contact/role	Mobile & email
How many insulation installation projects have you/your company completed within the last 12 months?	Retrofit Residential	New Build Residential	Commercial Projects



## Declarations

**NOTE:** All information provided within this application will be held confidential; the application will be reviewed by authorised member/s of the IAONZ committee (not distributed to any other IAONZ member or company) and will only be used to assess and/or verify your application to be approved as a Member of the Insulation Association of New Zealand.

All IAONZ members agree that by signing this application form, you certify that you are operating the business as declared in this application in accordance with all New Zealand Legislation and Inland Revenue requirements including GST and PAYE	Yes	No
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**By signing this application form;**

- I certify that all information supplied is truthful to the best of my knowledge.
- I accept that supplying false or misleading information to IAONZ could result in my expulsion from the Association in accordance with the Rules and/or the Constitution.
- I acknowledge that I may be asked additional questions supplementary to the information provided and may be requested to meet with an IAONZ Executive member to discuss any part of this application.
- I confirm that payment of annual membership fees confirms I agree to abide by the IAONZ Constitution and its Code of Ethics for members (available on our website).
- Upon acceptance of my/our application, I/we agree to pay such membership fees as we are properly assessed by the Committee of the Association
- I acknowledge that I/we may resign from the Association at any time by giving notice in writing to the Association of my/our resignation but will remain liable for all annual and other membership dues outstanding and unpaid as at the date on which I/we ceased to be a member of the Association.

**Signed**  
Full Name \_\_\_\_\_

Company Name \_\_\_\_\_ Date: \_\_\_\_\_

### Next Steps:

- Please send this application form together with accompanying information to [membership@iaonz.co.nz](mailto:membership@iaonz.co.nz).
- Feel free to provide any other information which you feel is relevant to the application.
- Your application will be assessed and reviewed by an Officer/Authorised person of the Association and you may be contacted to verify items.
- Additionally, your customer references may also be contacted, so please let them know you have listed them for this purpose.
- Once reviewed, the officer will make a recommendation to the Committee and you will be notified after that review.