



## MEMBERSHIP APPLICATION FORM

Company Name	
--------------	--

Company Address:	
Company Registration No:	

Business Phone:		Mobile Phone:	
Website Address: (if applicable)			

<b>Email Contact:</b> (Please list all relevant contacts within your company so we can add them to the newsletter database)	
Why do you want to be a member of IAONZ?	

Principal Contact Name:	
Title:	

Number of Company Employees:	
------------------------------	--

Does your company have franchise / branch offices around New Zealand? How many?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
---	------------------------------	-----------------------------	----------------------

How long has the Company been in Operation? (Please note: Any company in operation less than 12 months will only be accepted as a provisional member until in operation for 12 months.)	
---	--

How long have you been installing insulation for?	
---	--

Do you work with any other IAONZ Members?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state member name:		

Please list at least two or three Trade Reference:	(not applicable for Manufacturers)		
Company Name:		Contact:	

Business Phone:		Email:	
Please list at least one Project/Work Reference:		(not applicable for Distributors or Manufacturers)	
Company Name:		Contact:	
Business Phone:		Email:	
Secondary Project/Work Reference:		(not applicable for Distributors or Manufacturers)	
Company Name:		Contact:	
Business Phone:		Email:	
Please list at least two or three Project References:		(not applicable for Manufacturers)	
Company Name:		Contact:	
Business Phone:		Email:	
Please list at least one Project/Work Reference:		(not applicable for Distributors or Manufacturers)	
Company Name:		Contact:	
Business Phone:		Email:	
Has anyone in your company previously undertaken any IAONZ training course or insulation installation training?		Yes      No	
It is a condition of acceptance to the Association that all new members must ensure at least one staff member completes the IAONZ accredited course within 6 months of joining.			
If yes, please state course/training and year undertaken:			
Are you aware of the New Zealand Standard NZS4246:2016 and can certify that all your installation staff members have read and are conversant with this Standard?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

All IAONZ members agree that by signing this application form, they certify that they are running their business according to all New Zealand Legislation and Inland Revenue requirements including GST and PAYE	<input type="checkbox"/>	Yes, our company complies with all New Zealand legislation
--	--------------------------	--

What type of Company do you operate: eg Insulation Installer, Distributor, Manufacturer etc	
---	--

Can you certify that you have health and safety policies in place for the safe operation of your business and can supply a copy if requested (all material supplied will be kept confidential, not distributed to any other IAONZ member or company and only used for the purpose of certifying that a H&S system is in place at your business)	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

How many insulation installation projects have you completed within the previous 12 months?	
---	--

When sending this application into IAONZ please supply 5 project photos that you have completed within the last 6 months. (all material supplied will be kept confidential, not distributed to any other IAONZ member or company and will only used for the purpose of verifying your application to IAONZ is in place at your business)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this form, I certify that all information supplied is truthful to the best of knowledge. I accept that supplying false or misleading information to IAONZ could result in my expulsion from the Association.

By signing this form I certify 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.

By signing this form and through payment of annual membership fee's I agree to abide by the IAONZ Constitution and it's Code of Ethics for members.

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 and acknowledge that I/we may resign from the Association at anytime 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.

**Please email completed form to:** [membership@iaonz.co.nz](mailto:membership@iaonz.co.nz)

Version : 301020