

NZSDA Membership Application Form



Company _____	First Name _____
Postal Address _____	Surname _____
Suburb _____	Phone _____
_____ Postcode _____	Fax _____
Street Address _____	Mobile _____
Suburb _____	E-mail _____
_____ Post Code _____	Website _____
City _____	Signature _____ Date _____

Owner/directors years in the sign or related industries <input type="text"/>	Staff Numbers <input type="text"/>
Trainees/Apprentices <input type="text"/>	Number of Trade Qualified Staff <input type="text"/>

Did you complete an Apprenticeship in Signwriting? Yes No

If you answered yes, can you tell us who with please? Name _____ Phone _____

Have you completed any other industry related qualifications? Yes No

Again, if you answered yes, can you tell us who with please? Organisation _____

Contact details _____

If you answered no, have you had any training? Yes No

Again, if you answered yes, can you tell us who with please? Organisation _____

Contact details _____

Training details _____

Did you know that there is an opportunity to have your prior learning recognised? Yes No

Would you be interested in knowing more about getting the knowledge you have acquired recognised? Yes No

What training or courses do you think should be made available for those in the sign industry apart from apprenticeships?

