

# 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 \_\_\_\_\_

**Category A**  
**\$368.05**



**Category B**  
**\$490.74**



**Category C**  
**\$664.63**



**Associate**  
**\$368.05**



(NOTE: membership costs are plus GST)

Owner/directors years in the sign or related industries

Staff Numbers

Trainees/Apprentices

Number of Trade Qualified Staff

Did you complete an Apprenticeship in Signwriting? Yes  No

If you answered yes, can you tell us who with? Name \_\_\_\_\_ Phone \_\_\_\_\_

Have you completed any other industry related qualifications or training courses? Yes  No

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

I am interested and would like further information on the criteria and/or becoming a Master Sign Maker. Yes  No

To support your application please indicate if you have attached copies of any documentation that will assist us with our screening processes, examples of your work, written references, details of any affiliations with industry bodies. Yes  No

# NZSDA Membership Application Form continued...



**Please supply TWO industry References.** These must be suppliers, existing NZSDA members, sign/design companies and/or organisations associated with the signage/design industry.

Company _____	Company _____
Contact Name _____	Contact Name _____
Contact Phone _____	Contact Phone _____
Contact Email _____	Contact Email _____

Office use only

Office use only

**Please supply TWO Customer References.** These must be your business's customers. They may be contacted for details of dealing with your company.

Company _____	Company _____
Contact Name _____	Contact Name _____
Contact Phone _____	Contact Phone _____
Contact Email _____	Contact Email _____

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**'Payment Options' - Nominate your preferred payment option for your Membership Fee.**

Annually  6 monthly  Monthly

If you have nominated a monthly payment option, note that you MUST set up an Automatic Payment plan from your bank account on or before your acceptance date.

Your reference MUST be as follows:

Code:	Company Name	
Reference:	MMF	

Authorised by: \_\_\_\_\_

Signature: \_\_\_\_\_

Please consider that by nominating and signing the above you are abiding by the NZSDA Rules and upholding the Code of Practice.

I/We \_\_\_\_\_ understand that my/our application will be processed over a three month administration period and subject to the approval by the NZSDA management and that the NZSDA management reserves the right to decline or terminate membership for whatever reason. I/We acknowledge that membership in the case of Category A, B or C applications is personal to myself/us as owners and /or operators of the business and as the applicant and is not transferrable. I/we agree that upon being elected to membership to pay an annual subscription as set by the Annual General Meeting in accordance with the Rules, and to abide by all Rules of the New Zealand Sign and Display Association (incorporated) and uphold the Code of Practice.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine acceptance of NZSDA membership only. Furthermore, I hereby authorise the references above to release necessary information to the NZSDA in order to support my application for membership.

Signed \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE: Processed \_\_\_\_\_ Date \_\_\_\_\_