

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
\$373.96



Category B
\$498.62



Category C
\$675.31



Associate
\$373.96



(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: CompanyName
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 _____