

## APPLICATION FOR MEMBERSHIP

**CLASS OF MEMBERSHIP:**

ORDINARY  
ASSOCIATE

**TYPE OF BUSINESS:**

LIMITED COMPANY  
SOLE TRADER  
PARTNERSHIP

**BRANCH AFFILIATION:**

\_\_\_\_\_

PRACTISING LICENCE # \_\_\_\_\_

BUSINESS TRADING NAME: \_\_\_\_\_

BUSINESS LEGAL NAME: \_\_\_\_\_

BUSINESS POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTAL POST CODE: \_\_\_\_\_

BUSINESS PHYSICAL ADDRESS: \_\_\_\_\_

BUSINESS PHONE: ( ) \_\_\_\_\_

BUSINESS FAX: ( ) \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COMPANY NOMINEE (CONTACT): \_\_\_\_\_

MOBILE: ( ) \_\_\_\_\_

OWNER BORN: **Circle** (1940's) (1950's) (1960's) (1970's) (1980's) (1990's) - for statistical purposes

DESIGNATION (JOB TITLE): \_\_\_\_\_

ALTERNATIVE COMPANY NOMINEE/BUSINESS PARTNER: \_\_\_\_\_

COMPANY BRANCHES: \_\_\_\_\_

PERIOD TRADING AS THIS BUSINESS: \_\_\_\_\_

DETAILS OF INVOLVEMENT IN THE ELECTRICAL CONTRACTING INDUSTRY:

NAME OF ACCOUNTANT: \_\_\_\_\_

HAS THE COMPANY NOMINEE BEEN CONVICTED OF A DISCIPLINARY OFFENCE UNDER ANY SECTION OF THE ELECTRICITY ACT 1992: YES / NO

**NAME TWO BUSINESS RELATED REFERENCES: (preferably ECANZ members)**

CONTACT:

CONTACT:

CONTACT MOBILE NUMBER:

CONTACT MOBILE NUMBER:

RELATIONSHIP:

RELATIONSHIP:

TYPE OF WORK	%	STAFF NUMBERS	
DOMESTIC		ELECTRICIANS	
COMMERCIAL		INSPECTORS	
INDUSTRIAL		APPRENTICES	
OTHER		ADMINISTRATION STAFF	
TOTAL	100	OTHER	

### AGREEMENT

I undertake to undergo a Quality Assurance (QA) review (cost \$200-00) and acknowledge that failure to meet initial and ongoing standards may result in non issuance or withdrawal of ECANZ Membership. (QA is N/A for Associate membership).

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please send this application form and fee (\$200-00, credit card or cheque) to the applicable branch. Once processed a Quality Assurance Reviewer will contact you to arrange a time and date for your review.

Credit card details: Card type: Visa / MasterCard Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

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

Cheque - made payable to ECANZ National Office.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT YOUR LOCAL BRANCH OR NATIONAL OFFICE  
ON PHONE: 0800 50 66 88 OR ON OUR WEBSITE: [www.ecanz.org.nz](http://www.ecanz.org.nz)

### BRANCH USE

CRITERIA	RESULTS	DATE CONFIRMED	COMMENTS
Current Practicing Licence checked			
Minimum of two references (both spoken to regarding applicant)			
Company nominee interviewed by Executive member of Branch			
Code of Ethics signed and attached			

BRANCH REPRESENTATIVE: \_\_\_\_\_

DATE: \_\_\_\_\_

### NATIONAL OFFICE USE

PROCESS	ACTIONED	DATE
Completed application received		
Provisional number entered (ACT)		
QA review info sent and setup		