











Application for Membership

Applicant Name:		Qualification	
Full Company Name			
Postal Address			
Code			
Street Address/Showroom			
Code			
Details		Select Region	
Business	<input type="checkbox"/> Auckland	<input type="checkbox"/> Taranaki	
Fax	<input type="checkbox"/> Waikato	<input type="checkbox"/> Wellington	
Mobile	<input type="checkbox"/> Bay of Plenty	<input type="checkbox"/> Top of South Island	
E-mail	<input type="checkbox"/> Hawkes Bay	<input type="checkbox"/> Canterbury	
Date Business Established	<input type="checkbox"/> Central North Island	<input type="checkbox"/> Southern	
Our Company is also a current Financial Member of			
<input type="checkbox"/> Master Joiners Association		<input type="checkbox"/> Other	
Names of Directors/Managers		Years in the Industry?	
Trade References			
Name of Company	Contact Name	Phone	
Referred to NKBA by			
Membership Category - Select			
<input type="checkbox"/> National Membership-\$520		<input type="checkbox"/> Link Membership-\$310	
<input type="checkbox"/> National Membership-\$1500 (A)		<input type="checkbox"/> National Membership-\$1500 (B)	
NKBA Industry Segments - Please select one (or up to 3) of the following that best represents your business			
 <input type="checkbox"/> Kitchen Retailer	 <input type="checkbox"/> Designers	 <input type="checkbox"/> Industry Product Suppliers	 <input type="checkbox"/> Multi-Branch Retailers
 <input type="checkbox"/> Plumbing & Hardware	 <input type="checkbox"/> Installers	 <input type="checkbox"/> Benchtop Fabricators	 <input type="checkbox"/> Joiners/Manufacturers
 <input type="checkbox"/> Appliances	 <input type="checkbox"/> Industry Service Suppliers		
Undertaking			
<p>I/We accept that completion of this form does not give rise to any rights of membership as approval to admit members is retained a right of the Association.</p> <p>I/We accept that a visit and inspection may be made by an authorised member prior to approval for membership.</p> <p>I/We agree to pay the Joining Fee and relevant Subscription and to pay subsequent Annual Subscriptions as determined by the membership at the Annual General Meeting.</p> <p>I/We agree to attend Chapter meetings and the next Annual Conference.</p> <p>I/We understand that membership does not take effect until all application requirements have been met, membership is approved and subscription fee paid.</p> <p>I/We have read the NKBA Constitution and Rules and agree to abide by them.</p> <p>Privacy Act: The above information is required for the purpose of considering application for membership of the NKBA. Signature also gives consent to circulation of member contact listings.</p>			
Signature	Name	Date	

Please return to:
National Kitchen and Bathroom Association (NZ) Inc
PO Box 11183, Papamoa, 3151 or Fax 07 574-2561
Enquires: 0900 4 NKBA (0900 4 6522) info@nkba.org.nz