



Application for Company Membership

Company Membership (For those companies employing at least one Master or Registered Technician)

Name of Company/Business _____

Postal Address _____

Post Code _____

Street Address _____

Post Code _____

Phone No. () _____ Fax No. () _____

Mobile No. () _____

Email _____

Name of person responsible for the day to day running of the business _____

Company Representative to PMANZ (if different from above): _____

Company/business Details

Year the Company/business was established _____

Please tick the appropriate box to indicate the company/business structure

Limited Liability Company Partnership Sole Trader Franchise

Does your company/business hold formal accreditation in relation to Quality Standards? (e.g. ISO 9002, Telarc Q-Base accreditation) Yes No

If the answer is *yes*, ***please attach a copy of the accreditation certificate***

Please provide us with a copy of your Health & Safety policy

Please provide us with a copy of your Public Liability Insurance certificate of currency

Have you or your company previously been a member of PMANZ Yes No

A member of a similar, overseas organisation Yes No

Please list membership of other Trade or Professional organisations:

Services Offered:

A. Pest Control services

To enable us to accurately direct public enquiries to your Company, please tick the appropriate boxes for the services you provide.

- | | | |
|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Mice | <input type="checkbox"/> Spiders | <input type="checkbox"/> Birds |
| <input type="checkbox"/> Rats | <input type="checkbox"/> Silverfish | <input type="checkbox"/> Possums |
| <input type="checkbox"/> Ants | <input type="checkbox"/> Bees | <input type="checkbox"/> Rabbits |
| <input type="checkbox"/> Fleas | <input type="checkbox"/> Wasps | <input type="checkbox"/> Feral Cats |
| <input type="checkbox"/> Flies | <input type="checkbox"/> Borer | <input type="checkbox"/> Ferrets |
| <input type="checkbox"/> Cockroaches | <input type="checkbox"/> Gas Fumigation | <input type="checkbox"/> Mites |

Other (please specify) _____

What percentage of your company/business workload does Pest Control represent? _____%

B. Other Services

Please tick the appropriate boxes for any other services your Company provides

- Weed Control
- Carpet Cleaning
- Product Sales – Please specify _____
- Other services – Please specify _____

Education, Training & Qualifications

To qualify for Company Membership, you must employ at least one technician registered with PMANZ. (Form1). Please list the Pest Control Technicians employed by your company/business.

Name	Pest Control Qualification held	Position held in Company/Business	PMANZ registration Number (if registered)

Please give a short resumé of the proprietors and technician’s **practical training** and **experience** in Pest Control. _____

General Information

The PMANZ Inc. is run *by* pest controllers *for* pest controllers. What contribution do you believe your company/business membership can make to further the objectives of the industry Association?

References

Please supply the names and contact details of **two** suitable referees. These could be existing members of PMANZ, Registered Pest Control Technicians or industry supply companies

1. Name _____ Phone: () _____
Company _____
Address _____

2. Name _____ Phone: () _____
Company _____
Address _____

Applicants are required to have their application nominated and seconded by **current** members of the Pest Management Association of New Zealand Inc. Contact the PMANZ office, 0800-476-269 for the name and contact details of a suitable person. You may leave this section blank and we will contact you if there are any queries regarding your application.

Nominated by:

Name _____ Signature _____

Seconded by:

Name _____ Signature _____

If accepted by the PMANZ Inc. I/We agree to be bound by the rules and regulations of the Association

Signature of Applicant _____ **Date** _____

Thank you for your interest in becoming a member of PMANZ. Applicants are asked to note that:

- Applicants will receive a written response to their application within one month of receipt in the PMANZ office.
- There are **five** categories of membership – Master Registered Technician, Registered Technician, Trainee, Company & Associate. This form is for Company membership. A Master or Registered Technician Membership form, must be filled in for each Technician working for the Company.
- To be eligible to use the PMANZ name and logo in advertising material, including yellow pages advertising, membership must be current and fully financial.
- Membership becomes effective on notification by the Executive Secretary and payment of the appropriate subscription.
- Please do not send any money with your application. Once you have been notified of acceptance as a member an invoice will be issued.

Please post the completed form to:

The Executive Secretary PMANZ
P O Box 133215
EASTRIDGE 1146
AUCKLAND

Or electronically scan and email to:

info@pmanz.nz

Should you have any questions please do not hesitate to contact the secretary on **0800 476 269**