



## Pest Management Association of N.Z. (Inc.)

# Application for Associate Company Membership

**Associate Company Membership** (for companies who supply a service or product to the industry)

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 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:

### **B. Other Services**

Please tick the appropriate boxes for services your Company provides

Product Sales – Please specify \_\_\_\_\_

Other services – Please specify \_\_\_\_\_

**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** PMANZ members who currently use your products or services.

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 Master Technician, Company & Associate.
- 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**