

# Master Plumbers Membership Application

## 1. Membership Category *(select one)*

- I am a Certifying Plumber, Gasfitter and/or Drainlayer engaged in business in the industry on my own account for **MORE** than 6 months.
- I am a Certifying Plumber, Gasfitter and/or Drainlayer engaged in business in the industry on my own account for **LESS** than 6 months.
- I am conducting a business association with the industry, and employing persons licensed as Certifying Plumbers, Certifying Gasfitters, and/or Certifying Drainlayers.

## 2. About your Business

- Sole Trader                       Partnership                       Company

Business Registered Name:

Business Trading Name:

Business Physical Address:

Business Postal Address:

In what year was your business established?

How many Directors/Shareholders?

What area(s) are serviced by your business? *(eg. suburbs or citywide)*

### What is your primary business activity? Tick all that apply.

- Plumbing                       Gasfitting                       Drainlaying

### Any other activities you carry out? Tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Plumbing                           | <input type="checkbox"/> Gasfitting              |
| <input type="checkbox"/> Drainlaying                        | <input type="checkbox"/> Roofing                 |
| <input type="checkbox"/> Commercial                         | <input type="checkbox"/> Residential             |
| <input type="checkbox"/> Commercial Fit-out                 | <input type="checkbox"/> Residential Alternative |
| <input type="checkbox"/> Commercial New                     | <input type="checkbox"/> Residential New         |
| <input type="checkbox"/> Heating                            | <input type="checkbox"/> Backflow                |
| <input type="checkbox"/> Home Fire Sprinklers               | <input type="checkbox"/> Wastewater              |
| <input type="checkbox"/> Sustainability/Solar Water Heating | <input type="checkbox"/> Building Maintenance    |
| <input type="checkbox"/> Other:                             |  |

### Business Size:

**No. of Staff**  
*(incl. office staff)*

**Monthly Subscription Rates** *(excl. GST)*

- |   |          |
|---|----------|
| <input type="checkbox"/> Myself and 1 office worker | \$82.92  |
| <input type="checkbox"/> 2-5                        | \$93.75  |
| <input type="checkbox"/> 6-10                       | \$102.92 |
| <input type="checkbox"/> 11-20                      | \$111.67 |
| <input type="checkbox"/> 21-49                      | \$116.58 |
| <input type="checkbox"/> 50-99                      | \$133.25 |
| <input type="checkbox"/> 100+                       | \$179.17 |

### 3. Your Membership Subscription

There are 3 ways to pay your subscription – please tick one:



#### Preferred

**Direct debit:** *pay monthly*

Complete this online form: [www.masterplumbers.org.nz/direct-debit-authority](http://www.masterplumbers.org.nz/direct-debit-authority)

We'll only use this information if your membership is accepted.

**Invoice:** *pay the full year upfront; we'll send you an invoice.*

#### Merchant points:

Plumbing World Points: your membership # \_\_\_\_\_

Mico Points: your membership # \_\_\_\_\_

### 4. About the Business Owner/Principal

Principal's Full Name:

Principal's Business Email:

Principal's PGDB Registration Number:

Principal's Mobile Number:

Principal's Work Number:

Principal's Qualifications:

What's the main reason(s) you wish to become a member? (*tick as many as apply*)

- Use the Master Plumbers Brand
- Discounted Products and Services
- Technical Support
- Access to HR and Legal Experts
- Health and Safety Essentials
- Something else? (*Please specify below*)

### 5. Other Business Key Contacts

a) Contact

Name:

Role:

Email:

b) Contact

Name:

Role:

Email:

### 6. Referee (*preferably a Master Plumbers Member*)

Referee Name:

Referee Business Trading Name:

Referee's Location of Business (*city/town*):

Referee Mobile Number:

Referee Work Number:

## 7. Public Liability Insurance

Master Plumbers members must have public liability insurance of at least \$2 million.  
You can show us you have this by either:

**Providing/attaching your certificate of insurance, OR**

**Completing the statement and contact information below for us to contact your insurance company:**

I authorise (*name of your insurance company*) \_\_\_\_\_  
to provide proof of my Public Liability Insurance to Master Plumbers to support my membership application.

Contact/Broker Name:

Contact/Broker Phone:

Contact/Broker Email:

## 8. Membership Contract and Declaration

If you are accepted as a member, this document will form a membership contract between:

1. The Applicant: being the business entity as stated on this form (Section 2);
2. The Society: being Master Plumbers, Gasfitters & Drainlayers NZ Inc, the owner of the intellectual property in the Master Plumbers trademark and logo;
3. The Branch: being one of the local Branches affiliated to Master Plumbers, Gasfitters & Drainlayers NZ Inc within whose geographical boundary your business lies.

### I/We agree:

1. To the terms and conditions set out in this Application Form.
2. To become a member of Master Plumbers, Gasfitters and Drainlayers NZ Incorporated.
3. To comply with:
  - a. The Rules of the Society including any subsequent amendments.
  - b. The Code of Conduct and Code of Practice.
  - c. The Guarantee and its rules.
  - d. The Master Plumbers' branch guidelines regarding the use of branding.
4. To be subject to the disciplinary procedures of the Society.
5. To pay the membership fee, including any pro-rata amount owing.
6. To pay any other money owing to the Society, including any Fuelcard charges or any costs associated with the recovery of any outstanding money.
7. To reimburse the Society in full for any losses incurred by the Society as a result of any substandard work undertaken during membership. This liability will continue after my membership ends.

### Privacy Act 2020

The personal information supplied by you in support of your application is collected for membership purposes and to enable information about the Society and products and developments of interest to be sent to you. From time to time this information may also be disclosed to our Business Partners so that they can contact you in relation to their products or services. Your personal information will be held by the Society and the relevant Branch as part of its Membership Register. You have the right to access and correct personal information that we hold about you.

**I declare that the information provided in this application is true and correct.**

Applicant's Name:

Applicant's Signature:

Date: