

## Application for Membership

Company Name in Full:		
Contact Name:	Position:	
Address:		
City/Prov.:	Postal Code:	
Phone Number:	Fax Number:	Email:
Nature of Business:		
Bank:	Branch:	
Accountant:	Years in Business:	

<u>#</u>	<u>Membership Categories</u>	<u>Description</u>
1	<b>Hire Company Multi Branch Head Office</b>	Full membership for Multi-branch hire companies. This membership covers head office only and all national branches are required to be members. (Additional Branch) HIANZ offer a maximum cap of \$5000.00 p.a for any large Companies who would otherwise exceed this amount because of branch numbers.
2	<b>Hire Company Additional Branch</b>	Full membership for each branch of a Multi-branch Company.
3	<b>Hire Company Single Store</b>	Full membership for individually owned and operated hire companies. (Single store only)
4	<b>Associate (Supplier)</b>	Full membership for suppliers, manufacturers, industry partners, ITO's.

**NOTE: All applicants (persons, firms, partnerships or corporations)  
must be conducting business within New Zealand.**

**Membership Category Desired:** \_\_\_\_\_

### Fee Structure

Note: Hire Company Membership – Subscriptions charged on a quarterly basis  
Associate Membership - Subscriptions charged annually (01 October)

1 Hire Co – Head Office:	\$650.00 + \$81.25 GST = \$731.25	Quarterly payments = \$182.81
2 Hire Co – Additional Branch	\$450.00 + \$56.25 GST = \$506.25	Quarterly payments = \$126.56
3 Hire Co – Single Store	\$650.00 + \$81.25 GST = \$731.25	Quarterly payments = \$182.81
4 Associate – Supplier	\$450.00 + \$56.25 GST = \$506.25	Annual payments = \$506.25



## Application for Membership

Company Name in full: \_\_\_\_\_

Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. If the Company is a partnership or a corporation, please list all partners, directors, shareholders, and each individual's percentage of ownership:

Name	Position	% of Ownership	Address	Phone

2. Please list any subsidiaries and/or affiliated businesses of the Company:

Name of Business	Address	Contact	Phone

3. Please provide three business references one of which must be a Financial Institution (not to include employees, previous employers, partners, directors and/or shareholders of the Company).

Name of Business	Address	Contact	Phone

4. If Multi-branch, how many branches do you currently have nationwide? \_\_\_\_\_

5. How many employees do you have in the Company? (Please circle)

0-10                      11-20                      21-30                      31-50                      51+

6. Do you do business with other HIANZ members? (Please circle)                      Yes                      No



## **Application for Membership**

7. Describe the nature of your business (attach any promotional material available).

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8. Please explain why you would like to become a member of the HIANZ.

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**By signing this form, the applicant acknowledges and authorizes the following:**

1. Membership is subject to approval by the HIANZ Board of Directors.
2. HIANZ may conduct a credit check through the applicant's financial institute or other credit institutions.
3. The applicant, if accepted for membership, agrees to abide by the rules of the Association.
4. That HIANZ is authorized to collect quarterly or annual membership fees.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE FAX TO HIANZ – (07) 873 8762**

**FOR HIANZ OFFICE USE ONLY:**

Date Membership Application Received in Office: \_\_\_\_\_

Date Membership Application Given to Board of Directors: \_\_\_\_\_

Date Membership Application Approved: \_\_\_\_\_

Signature of authorised Board Member/ General Manager \_\_\_\_\_