

APPLICATION FOR MEMBERSHIP

BUSINESS NAME			
TRADING NAME			
CONTACT NAME OF APPLICANT			
OFFICE PHONE NUMBER		MOBILE NUMBER	
EMAIL ADDRESS			
POSITION IN COMPANY			
POSTAL ADDRESS		SUBURB	
TOWN/CITY		POSTCODE	
STREET ADDRESS (IF DIFFERENT)		SUBURB	
TOWN/CITY		POSTCODE	
ACCOUNTANT		YR'S IN BUSINESS	
BANK		BRANCH	
NUMBER OF EMPLOYEES		LAWYER	

List all partners, directors, shareholders:

NAME		POSITION	
EMAIL ADDRESS		MOBILE NUMBER	
ADDRESS		TOWN/CITY	

NAME		POSITION	
EMAIL ADDRESS		MOBILE NUMBER	
ADDRESS		TOWN/CITY	

NAME		POSITION	
EMAIL ADDRESS		MOBILE NUMBER	
ADDRESS		TOWN/CITY	

NAME		POSITION	
EMAIL ADDRESS		MOBILE NUMBER	
ADDRESS		TOWN/CITY	

List any subsidiaries and/or affiliated businesses of the Company:

COMPANY NAME (IN FULL)			
MAIN CONTACT		POSITION	
EMAIL ADDRESS		MOBILE NUMBER	
ADDRESS		TOWN/CITY	

COMPANY NAME (IN FULL)			
MAIN CONTACT		POSITION	
EMAIL ADDRESS		MOBILE NUMBER	
ADDRESS		TOWN/CITY	

COMPANY NAME (IN FULL)			
MAIN CONTACT		POSITION	
EMAIL ADDRESS		MOBILE NUMBER	
ADDRESS		TOWN/CITY	

List Branches (if any)

BRANCH LOCATION	TOWN/CITY	MAIN CONTACT	PHONE NUMBER

Provide three business references, one of which to be a financial institution (bank, insurance, financial adviser). No reference to be from an affiliated business to any of the directors/shareholders/employees of the applicant

BUSINESS NAME	TOWN/CITY	MAIN CONTACT	PHONE NUMBER

What percentage of your company's annual revenue is generated by hire?

Tick box for type of membership applying for

✓	CATERGORY	DESCRIPTION	ANNUAL RATE (GST excl)
	Full Member	This membership covers Hire Companies, independent single store, or head office of national multi outlet companies.	\$ 650.00
	Additional Branch	An additional branch is any outlet over and above a member's primary place of business. All additional outlets must be listed as members. HIANZ offer a membership cap of \$5000.00 p/annum for any national companies who would otherwise exceed this amount due number of outlets.	\$ 100.00
	Associate (Supplier)	Associate membership for suppliers, manufacturers, industry partners, ITO's who supply products or services to the Hire Industry (note, if also hiring gear, application to be full member)	\$ 450.00

Hire Industry Sector (tick appropriate sectors you trade in)

LIGHT (HAND CARRY)		HEAVY (NON-TOWABLE)	
TOWABLE		ACCESS	
VEHICLES (CLASS 1,2)		HEAVY VEHICLES AND TRAILERS	
FORKLIFT / TELESCOPIC HANDLER		AGRICULTURAL	
MARQUEE		PARTY/EVENTS	
HOME STAGING		EXHIBITION	
PORTABLE ABLUTIONS		PORTABLE BUILDINGS	
GENERATION (LARGER THAN HAND CARRY)		CONTAINER RENTAL	
TECHNOLOGY (CONSTRUCTION)		TEMPORARY TRAFFIC MANAGEMENT, VMS	
FENCING, BARRIERS, CROWD CONTROL		HIRE TRAINING	

List HIANZ Members you trade with (list below top six)

Please tell us a little more about your business, what you do, provide, how you market yourself. (Attach any promotional material if available)

Which of the following are in place and operative within your business?

SYSTEM	TICK	PROVIDER
HEALTH AND SAFETY SYSTEM		
HIRE INSURANCE		
PUBLIC LIABILITY INSURANCE		
DAMAGE WAIVER		
PPSR		
READY TO HIRE TAGGING SYSTEM		
ELECTRICAL TEST AND TAG SYSTEM		
EQUIPMENT SAFETY SYSTEM		

Explain why you wish to become a HIANZ member?

How did you hear about HIANZ?

List other Industry associations you belong to

By signing this form, the applicant acknowledges and authorises the following:

1. Membership is subject to approval by the HIANZ Board of Directors.
2. Applications are processed in order received and may take up to 21 days for processing.
3. HIANZ may conduct a credit check through the applicant's financial institute or other credit institutions.
4. HIANZ is authorised to collect and hold information on the applicant and business for the sole use of determining suitability for membership. This information may be used later as part of membership confirmation
5. The applicant, if accepted for membership, agrees to abide by Association rules and code of conduct.
6. HIANZ is authorized to collect membership fees until notified in writing by member (as per rules of Association).

SIGNATURE OF APPLICANT (Director/Manager):

NAME:

DATE:
