

APPLICATION FOR MEMBERSHIP

BUSINESS NAME:				
TRADING NAME:				
OWNER/MANAGER'S NAME(S):				
OFFICE PHONE NUMBER:			MOBILE NUMBER:	
EMAIL ADDRESS:				
POSITION IN COMPANY				
ACCOUNTS EMAIL:			CONTACT NAME:	
EMAIL FOR UPDATES, NEWS:				
WEBSITE:				
POSTAL ADDRESS:				
TOWN/CITY:			POSTCODE:	
STREET ADDRESS:				
TOWN/CITY:			POSTCODE:	
ACCOUNTANT:			YR'S IN BUSINESS:	
BANK:			BRANCH:	
NUMBER OF EMPLOYEES:			LAWYER:	
MEMBERSHIP REFERAL NAME:				
List all partners, directors, shareholders:				
NAME:			POSITION:	
EMAIL ADDRESS:			MOBILE NUMBER:	
ADDRESS			TOWN/CITY:	
NAMAT.			POSITION:	
NAME:				
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:	Branches only)	MOBILE NUMBER: TOWN/CITY:	
	Branches only) TOWN/CITY		PHONE NUMBER
ADDRESS: ist Branches (Full Members with	1	TOWN/CITY:	PHONE NUMBER
ADDRESS: ist Branches (Full Members with	1	TOWN/CITY:	PHONE NUMBER
ADDRESS: ist Branches (Full Members with	1	TOWN/CITY:	PHONE NUMBER
ADDRESS: ist Branches (Full Members with	1	TOWN/CITY:	PHONE NUMBER
ADDRESS: ist Branches (Full Members with I	TOWN/CITY	MAIN CONTACT	
ADDRESS: ist Branches (Full Members with	TOWN/CITY one of which to be a financi	MAIN CONTACT al institution (bank, insura	nnce, financial adviser)
ADDRESS: ist Branches (Full Members with I BRANCH LOCATION rovide three business references	TOWN/CITY one of which to be a financi	MAIN CONTACT al institution (bank, insura	nnce, financial adviser)
ADDRESS: ist Branches (Full Members with I BRANCH LOCATION rovide three business references to reference to be from an affiliat	TOWN/CITY one of which to be a financied business to any of the dire	MAIN CONTACT al institution (bank, insuraectors/shareholders/empl	ance, financial adviser) loyees of the applicant
ADDRESS: ist Branches (Full Members with I BRANCH LOCATION rovide three business references to reference to be from an affiliat	TOWN/CITY one of which to be a financied business to any of the dire	MAIN CONTACT al institution (bank, insuraectors/shareholders/empl	ance, financial adviser) loyees of the applicant
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Tick box for type of membership applying for

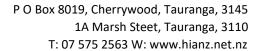
~	CATERGORY	DESCRIPTION	ANNUAL RATE (GST excl)
	Full Member	This membership covers Hire Companies, independent single store, or head office of national multi outlet companies.	\$ 693.55
	Additional Branch	An additional branch is any outlet over and above a member's primary place of business. All additional 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.	\$ 106.70
	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)	\$ 480.15

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)

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





NAME:

Which of the following are in place and operative within your business? (Full and Branch members Only)

	SYSTEM	TICK	PROVIDER
HEALT	TH AND SAFETY SYSTEM		
HIRE I	NSURANCE		
PUBLI	C LIABILITY INSURANCE		
DAMA	GE WAIVER		
PPSR			
READY	TO HIRE TAGGING SYSTEM		
ELECT	RICAL TEST AND TAG SYSTEM		
EQUIP	MENT SAFETY SYSTEM		
Explain	why you wish to become a HIA	NZ me	mber?
How di	d you hear about HIANZ?		
List oth	er Industry associations you be	long to	:
	Applicants or Directors have an the & Safety breaches?	y prose	ecutions against them or are they being investigated for any Financial
By signi	ng this form, the applicant ack	nowled	ges and authorises the following:
1. 2. 3. 4.	Membership is subject to appr Applications are processed in a HIANZ may conduct a credit ch HIANZ is authorised to collect	oval by order re neck thr and hol	
5. 6. 7.	The applicant, if accepted for membership, agrees to abide by Association rules and code of conduct. HIANZ is authorized to collect membership fees until notified in writing by member (as per rules of Association).		
	TURE OF APPLICANT (Director/N		

DATE:



PRIVACY ACT STATEMENT:

This policy sets out how we (Hire Association of New Zealand, Inc) collect and use your personal information and your rights in relation to that personal information. We collect personal information when you communicate with us including when you apply for membership with us, contact us in relation to your membership and when you purchase products from us. By providing personal information to us you agree to our use of your personal information in accordance with this policy (as amended from time to time).

We collect personal information from you, including information about your:

- Name
- Contact information such as address, phone number and email address
- Payment Information

We collect your personal information in order to:

- Process applications for membership and renewals.
- Provide services and benefits to our Members.
- Communicate with our Members about the Industry.
- Allow supplier and associate members to communicate with our Full Members about their services.
- To provide membership and marketing information that we think may be of interest to you.

We will share your personal information:

- To third parties who provide services for us, including credit agencies, payment processors, and other third parties;
- To third parties where we believe this is reasonable to enforce any rights against you or required by law;
- With law enforcement and regulatory bodies, upon a valid request or as required by law;
- Where we sell our business or part of our business your personal information may be transferred to the new owner;

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, or would otherwise like to get in touch in relation to this policy, please contact us at office@hianz.net.nz, or 07 575 2563.