**ASSOCIATE MEMBERSHIP APPLICATION FORM**

Please complete all sections and provide requested additional information. When complete, either email this form to service@acenz.org.nz or post to our address above.

**SECTION A – Company Details**

*The details in this Section A will be made available to the public through the ACENZ Member Directory.*

**Company Name:**

**Head Office Details** Postal Address:

 Physical Address:

 Phone:

 Email:

 Website:

**Do you operate in more than one location:** *(please list all offices/locations)*

**Logo** *(please send a high resolution file, minimum size of 500kb or larger)*[ ]

**Services:** *(please provide an overview of the products and/or services your company provides. This information may be publicly posted on the ACENZ website)*

**Company Profile:** *(this will be uploaded on the ACENZ website, no more than 200 words)*

**Code of Ethics** *(If applicable. This will NOT be made public on the ACENZ website)* [ ]

**SECTION B – Key Staff Details**

*The details in this Section B will be only for ACENZ staff or Board, unless permission is granted to list details on the ACENZ website.*

**Chief Executive:** Name:

 Phone (DDI is preferred):

Mobile:

Email:

Please list any other key Principals/Directors here:

**Other Key Staff:** Name:

 Title:

 Phone (DDI is preferred):

 Email:

**Other Key Staff:** Name:

 Title:

 Phone (DDI is preferred):

 Email:

Do you grant permission for any of the above to be listed as the company contact on the ACENZ website, if so who:

**SECTION C – Testimonials**

Please list details for two contacts that can provide us with a testimonial regarding the company’s reputability, one of whom must be an Ordinary ACENZ member.

**Referee 1** Name:

Email:

Phone:

**Referee 2** Name:

Email:

Phone:

**SECTION D – Declaration**

I/We confirm that I/We have read and understood the [Rules of the Association](http://acenz.org.nz/uploads/Membership/Ordinary%20Mbrsp/PN%20A11-Rules%20Of%20ACENZ.pdf) and are conversant with a recognised professional Code of Ethics. If elected to ACENZ membership, I/We agree to abide by the Rules and Bylaws of the Association for the time being in force or as they may thereafter be altered, amended or enlarged. I/We also agree to pay the annual subscription fees.

I/We certify that the statements on this application are correct.

Name: Position:

Signed: Date:

All applications are voted on by the ACENZ Board, which meets roughly 4-5 times a year (February, April, June/July, and November). We will notify you of successful or unsuccessful admittance along with an invoice if your application is successful.