■ Please note: apprentices working for MasterLink host businesses will be automatically enrolled for FREE membership. You do not need to complete this form if this applies to you.



APPRENTICE MEMBERSHIP

PERSONA	L DETAILS			
Name:	First Name		Last Name	
Date of Birth:	dd/mm/yyyy	_		
CONTACT				
Postal Address:				
		Towns (Other		
Email:		Town/City	Pos	stcode
Phone:				
Mobile:				
	OUR APPREN	JTICESHIP		
		TICESI III		
Trade Studying:	Plumbing	g Gasfitting	 Drainlaying	Tick all boxes that apply.
Limited Certifica	ite authorisation n	umber:		
Date started app	orenticeship:			
Currently Emple	wad2	dd/mm/yyyy	Maran mlanan in	
Currently Emplo	Yes	No	ir yes, piease in	clude company details below.
Company Name	.			
Company Addre	ss:			
TERMS & C	CONDITION	1 S		
 to the Rules of Practice and Code Rules of the Societ 	Master Plumbers, Go e of Conduct (availa ty mbers, Gasfitters & I	s true and correct to the be asfitters & Drainlayers NZ (ble on request); and to any Drainlayers NZ may termin	available on request); to amendments adopted in	n accordance with the
Applicant Name	:	Da	ate:	
•				
NEXT STEP	PS			
C	ا ا ا	to Cillian MaCanana di mana	:l	l

Send your completed application form to Gillian McGeever via email: gmcgeever@masterplumbers.org.nz or post to:

Master Plumbers, Gasfitters & Drainlayers NZ PO Box 6606 Marion Square Wellington 6141

You will then be invoiced for the membership fee of \$40.00 and a receipt issued.