

Full Member Category (please select)

- I am a Certifying Plumber, Gasfitter and/or Drainlayer engaged in business in the industry on my own account for more than 6 months
- I am a Certifying Plumber, Gasfitter and/or Drainlayer engaged in business in the industry on my own account for less than 6 months
- I am conducting a business association with the industry, and employing persons licensed as Certifying Plumbers, Certifying Gasfitters, and/or Certifying Drainlayers

General Information (please select)

- Sole Trader Partnership Company

Business Name

Business Trading Name

Business Size

- 1 (only me) 2-5 6-10 11-20 21-49 50-99 100+

Primary Business Activity:

- Plumbing Gasfitting Drainlaying

Other activities your business performs:

- Plumbing Gasfitting Drainlaying Roofing

Additional

- Commercial Commercial New Commercial Fit out Residential Residential New
 Residential Alternative Heating Backflow Home Fire Sprinklers Wastewater
 Sustainability/Solar Water Heating Building Maintenance
 Other (Please input)

Principal's Name

Principal's PGDB Registration Number

Principal's Qualifications (E.G Certifying Plumber, Tradesman Gasfitter)



Principal's Work Phone Number:

Principal's Mobile Phone Number:

Principal's Business Email:

List any other primary contacts (optional)

Name

Role

Email

Business Physical Address:

Business Postal Address:

Geographic Areas Serviced by your Business (i.e. Specific Suburbs and/or Citywide):

Referee: (preferably a Master Plumbers member)

Name:

Organisation:

Mobile Number:

Office Number:

Quality Assurance Audit for Membership Applications

Master Plumbers seeks to maintain and uphold standards. Applicants are required to undertake a quality assurance audit of their business practices prior to acceptance. Upon successful completion, your application will be passed onto Master Plumbers management for approval.

I am prepared to undergo a 30 to 60 minute Quality Assurance assessment

Membership Contract

Any substantiated objections to the applicant becoming a Master Plumbers member will be sought from the relevant Association or Branch within 7 days of the application form. Any issues raised will be taken into consideration and your application may be referred to the Board for guidance. The decision of the Board or the Chief Executive under delegated authority on any application shall be final.

If the application is accepted as a member, this document will form a membership contract between the following:

1. The Applicant – being the entity as stated on this form;
2. The Society – being Master Plumbers, Gasfitters & Drainlayers NZ Inc, the owner of the intellectual property in the Master Plumbers trademark and logo;
3. The Association or Branch – being one of the local Associations or Branches affiliated to Master Plumbers, Gasfitters & Drainlayers NZ Inc within whose geographical boundary your business lies.

Applicants need to maintain public liability insurance of not less the \$2,000,000 (2 million dollars). Proof of your public liability insurance must be provided before an Applicant can be accepted as a member.

Upload your public liability insurance certificate here:

I/We agree:

1. To the terms and conditions set out in this Application Form
2. To become a member of Master Plumbers, Gasfitters and Drainlayers NZ Incorporated
3. To comply with:
 - a. The Rules of the Society including any subsequent amendments
 - b. The Code of Conduct and Code of Practice
 - c. The Guarantee and its rules
 - d. The Master Plumbers' branch guidelines regarding the use of branding
4. To be subject to the disciplinary procedures of the Society
5. To pay the membership fee, including any pro-rata amount owing
6. To pay any other money owing to the Society, including any fuelcard charges
7. To reimburse the Society in full for any losses incurred by the Society as a result of any substandard work undertaken during my membership
8. That the Society may terminate my/our membership in accordance with the Rules
9. That the information supplied here and in support of my application is true and correct

Applicant Name:

Applicant's Signature:

Date:

The personal information above and information you supply in support of your application is collected for membership purposes and to enable information about the Society and products and developments of interest to be sent to you. From time to time this information will also be disclosed to our Business Partners to ensure that members are getting the benefits they are entitled to under the Business Partner relationship. They may also wish to contact you with information that the Society or Association/Branch believes is relevant to you. Your personal information will be held by the Society and the relevant Association or Branch as part of its Membership Register. You have the right to access and correct personal information that we hold about you.

Master Plumbers Membership Monthly Rates

Select one	Business Size (includes office staff)	Monthly Subscription Rates (Excluding GST)
<input type="checkbox"/>	1 (Just me)	\$82.91
<input type="checkbox"/>	2-5	\$92.08
<input type="checkbox"/>	6-10	\$98.75
<input type="checkbox"/>	11-20	\$105.41
<input type="checkbox"/>	21-49	\$110
<input type="checkbox"/>	50-99	\$124.58
<input type="checkbox"/>	100+	\$166.25

Payment

Direct Debit – monthly payment

You can fill the direct debit form in here: www.masterplumbers.org.nz/direct-debit-authority

Payment via Merchant Points

Plumbing World Points – Enter your membership # _____

Mico Points – Enter your membership # _____

Any other form of payment (our Accounts team will contact you)

The charge will be for the subscription rate selected above. Once your membership has been accepted, our dedicated accounts team will promptly contact you to finalise payment.



FOR OFFICE USE ONLY:

Insurance approved

Applicant completed QA

The applicant is hereby ACCEPTED as a Member of the Society

Name: (please print) _____

Signature: _____

Date: _____

For Master Plumbers, Gasfitters & Drainlayers NZ Inc