Lock Technicians Association New Zealand

Lock Technicians Association of New Zealand Incorporated (LTANZ) Membership Application Form

All membership levels must be submitted to the committee for review

Category of Membership Applying for (please tick one)

☐ Full Business Membership $250+gst

☐ Trade Business Membership $250+gst

☐ Individual Membership $100+gst

☐ Corporate Membership (3 or more stores) $1500+gst

☐ Associate Membership $100+gst

☐ Apprentice Membership FREE (must be enrolled)

☐ International Membership $250

About your Company

Company Registered Name_____

Company Trading Name_____

Address_____

Primary Contact_____Phone_____

Email_____

New Zealand Business Number _____

What is your primary business (tick all that apply)

☐ Residential ☐ Commercial ☐ Automotive ☐ Safes

Business/Trade/Corporate Membership – *How many years in business* _____

Trade Qualified Person/s (Business/Individual/Corporate)

Full Name_____ Qualification_____

Full Name_____ Qualification_____

Associate Member/Apprentice Only

Time in Trade_____

Apprentice enrolled with _____ Enrolled Since_____

References

The following referees will be required to supply a character reference. Referees must be industry related.

1st Referee

Given Name_____Company_____

Email Address_____

2nd Referee

Given Name_____Company_____

Email Address_____

*Business Owner (*Business/Trade/Corporate/Associate)

Primary Contact_____Phone_____

Email_____

Have you ever been convicted of any offence involving fraud, violence or other dishonesty charges?

☐ No ☐ Yes *If yes please state*_____

LTANZ Opportunities

Do you intend to use LTANZ restricted Profile? ☐ No ☐ Yes

Would you like to be involved in special Interest Groups? ☐ No ☐ Yes

Documents required as attachments

☐ Public Liability Certificate

☐ Certificate Trade Test or Equivalent

☐ Proof of Qualification (if applicable)

☐ Proof of Active enrollment into Apprenticeship (Apprentice Members Only)

I declare that all of the above information supplied by me in my application for membership with LTANZ is of a true and correct nature in all details. I agree to give full authority for the conduct of any inquiry concerning such information. I agree that if membership is approved under any category I will accept and abide by all rules and by-laws of the association.

*Name*_____

*Signed*_____ *Date*_____

Committee Use Only

Application Received:_____ Presented at Committee Meeting:_____

☐ Approved – Membership Type_____ Membership

Number_____ ☐ Probation – Reason_____

Review Date_____ ☐ Declined -

Reason_____