



Application for Membership as a Registered Master Plasterer or Tiler

Trading Name:

Applicants Full Name:

Postal Address:

Telephone: Fax: Mobile:

Main Business Activity:

- Tiler Interior Plasterer Associate Member (Trade Supplier)
- Solid & Modified Plasterer Solid Plasterer Only Modified Plasterer Only

Supporting Information:

The following documents are required in support of this application:

- Letter of nomination from a present member of the Association
- Three references of workmanship which can be viewed
- Copy of trade qualifications

- I enclose the application fee of NZ\$20.00
- I acknowledge that on acceptance of this application, the annual subscription fee of \$330.00 is payable

By paying the application fee you:

- Warrant that all information given to the Association is true and correct
 - Acknowledge that you have read and understood the Association's rules and agree to be bound by them.
 - Agree in the case of any complaint that if I am found by the Association to have produced inferior workmanship that I will, at the discretion of the Association, either:
 - (a) make good or replace the work which is deemed to be inferior
 - (b) renegotiate the charge to the satisfaction of the complainant
- Failure to comply with the above may result in cancellation of your membership at the Association's discretion under Rule 8 of the Constitution.
- Acknowledge the Association may refuse any application at its sole discretion
 - Acknowledge the application fee is non-refundable whether or not the application is accepted
 - If an Associate Member, acknowledge CMPTA will not be representative for complaints laid against non members

Information and Privacy Act

For the purpose of facilitating the efficient running of the Association, you authorize the Association:

- To collect all information it may require from any third party and authorize those third parties to release the information to the Association
- To hold all information given securely
- To use the information for any purpose the Association may deem reasonable

DATE:

SIGNED:

NAME:

Return with the supporting documents and application fee to: CMPTA, PO Box 8459, Riccarton, Christchurch