



PO Box 44 237  
Point Chevalier  
Auckland 1246

## APPLICATION FOR MEMBERSHIP

**Our Company:** .....  
hereby applies for membership of the Window & Glass Association New Zealand (Incorporated) and agrees to be bound by its rules. Please ensure you have read the Code of Ethics and Constitution prior to completing and signing this application.

**Association Sector Group:**

- Component Suppliers
- Window Manufacturers/fabricators
- Proprietary System Suppliers
- Door Industry
- Glass Industry
- IGUMA (Insulated Glass Unit Manufacturers Association)
- Window Service/repair
- Surface Finishers

**1. Associate Applicants:**

Please tick box if applying for Associate membership (individual member)

**2. All other Applicants:**

Do you confirm that your products or services comply with the Building Code and all current standards/regulations? Compliance evidence may be requested. **Please circle "Yes" or "No".**

Please tick box if applying for "non-member" status to meet your religious beliefs.

**3. Proprietary System Supplier Applicants:**

Please supply with your application copies of your current test certificates showing compliance with the current version of NZS4211 for your standard range of exterior products.

**4. Window Manufacturer Applicants:**

Do you certify that your products will be in all respects as tested by your Proprietary System Supplier when labelled in accordance with the current version of NZS4211? **Please circle "Yes" or "No".**

**5. IGUMA Applicants:**

Do you confirm acceptance of the IGUMA rules and testing requirements? **Please circle "Yes" or "No".**

**6. ALL Applicants**

Your application for membership requires a nomination from a current member of the Window & Glass Association:

**Nominator Name:** .....

**Nominator Company:** .....

**Signature:** .....

All Fabricator nominations must be completed by the Proprietary System Supplier concerned. Proprietary System Suppliers please note that you are certifying that the applicant conforms to all the relevant standards.

**Membership Subscription**

Please pay your subscription upon invoice into our Account:

**Window & Glass Association**

**06 0582 0048011 00**

**Particulars.** Your company name

**Code:** New

**Reference:** Membership

# Company Details:

Trading name: .....

Registered Company Name: .....

Name of Owners / Directors / Senior management of the applicant Company (name and position):

.....  
.....  
.....

Has the above company or any of the company's senior management been involved in any other business which has ceased to trade without payment in full of all undisputed debts to creditors? **All Applicants Please circle "Yes" or "No"**

If the answer is "Yes", please attach sufficient details to explain the involvement/responsibilities of those concerned.

Number of equivalent full-time staff employed: .....

Number of branches/sales offices: .....

A member with one or more branches and/or one or more sales offices operating under the same business name as the "head office" is included in the one membership. The total staff employed determines the appropriate subscription rate.

- i). A branch is defined as 100% shareholding by the head office.
- ii). A sales office is defined as at least 50% shareholding by head office.
- iii). A shareholding less than the above defines the branch or sales office as a separate business requiring an individual Association membership
- iv). In all cases, the Board shall have the discretion to require one or more memberships.

What is your business activity?: .....

What is your Window Brand name?: .....

(Write "None" if not applicable)

Does your Company have any independently certified Quality Management Systems such as ISO 9000, Q-BASE, QSR, or similar?

*All Applicants Please circle "Yes" or "No"*

If "yes" please give details: .....

Does your Company have a Health and Safety Programme in place? **All Applicants Please circle "Yes" or "No"**

Your Postal Address: .....

.....  
Suburb City/Town

Your Street Address: .....

.....  
Suburb City/Town

Telephone: ( ) .....

Key Contact (Name, Position): .....

Accounts email address: .....

**Newsletter recipients: Name (first/second names), Position, Email Address**

.....  
.....  
.....  
.....

**Applicants signature:** .....

**Date:** .....

Your signature confirms your agreement to abide by the Code of Ethics and Constitution of the Window & Glass Association NZ.

## Survey

We would like to understand why you are joining the Association. Please tick the boxes that most apply:

- To have access to information and/or training
- Technical support
- Required to belong
- Customers are asking if we are members
- We want to be seen as credited and trusted in the market
- To support the industry we work in
- To get an invite to the conference and awards dinner
- To keep up to date with legislation and regulation changes
- To participate in the development of changes to our legislation and regulations
- Other: .....