

TRADE MEMBERSHIP APPLICATION FORM

www.masterbrickandblock.co.nz



Master Brick & Blocklayers™

COMPANY (TRADE MEMBER) _____

NAME: _____

Company NZBN Number: _____

COMPANY CONTACT DETAILS

Company contact number: _____ Website address: _____

Email address: _____

Postal address: _____

Physical address (if different): _____

COMPANY OWNER/DIRECTOR

Name: _____ LBP Number: _____ 

Job Title: _____

Contact number: _____ Email address: _____

KEY CONTACT PERSON (IF DIFFERENT)

Name: _____

Job Title: _____

Contact number: _____ Email address: _____

EMPLOYEE MEMBERS

Total number of employees:

Please attach a document with this information listed if there is not enough room below.

Name	Role	Mobile Number	Email address	LBP Member?
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO

DECLARATION

- I understand an Invoice for the Registration fee will be sent and payment is to MB&B account 03-1584 0135412 00
- I have / will make arrangement for a Workmanship Inspection and have attached a copy of our Public Liability Policy
- I confirm that I have the authority to register this company with the Master Brick & Blocklayers
- I acknowledge that as the contact information provided is listed on a public website that I will update this information within 10 working days of it changing
- I acknowledge that the resources developed by the Master Brick & Blocklayers are for the use of financial members only and are not to be used if I am no longer a member or shared with non-members and that I could face damages for loss being charged if I breach these
- I acknowledge that this Membership automatically renews each year and if I wish to terminate this membership I must provide at least 1 months' written notice, cease using resources and pay any outstanding fees or charges
- I understand that our Contact details can be shared with the financial Manufacturing / Distributor / Associate support Members
- I understand that payment of the Membership fee is acceptance of the terms within the Master Brick & Blocklayers Rules and the Master Brick & Blocklayers Code of Practice

Full Name:

Signature:

Date:

Please email this application form to info@masterbrickandblock.co.nz