



Lifting Equipment Engineers New Zealand

Membership Application Form

| Business Contact Information | | | |
|------------------------------|--|------------|--|
| Business Name | | | |
| Trading As | | | |
| Physical Address | | | |
| Postal Address | | | |
| Contact Person | | | |
| Job Role | | | |
| Phone Number | | Fax Number | |
| Email Address | | | |
| Website | | | |

| Business Detail | | | |
|---|--|---|--|
| Industry(ies) relevant to Business | | | |
| Company Number/Date of Incorporation | | | |
| Business type: | <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier <input type="checkbox"/> End User <input type="checkbox"/> | | |
| Do you offer Testing Services? | If so: | <input type="checkbox"/> Visual only <input type="checkbox"/> Onsite Test bed <input type="checkbox"/> Mobile Test bed <input type="checkbox"/> | |
| Does the Company have a Quality Assurance Program? | | | |
| If yes, please supply detail: | | | |
| Does the Company have a Health & Safety Policy? | | | |
| Does the Company operate over multiple sites? How many? | | | |
| What products does the Company commonly deal in? | | | |
| <input type="checkbox"/> Wire Rope <input type="checkbox"/> Rigging Fittings <input type="checkbox"/> Shackles <input type="checkbox"/> Chain Blocks <input type="checkbox"/> Wire Rope Winch <input type="checkbox"/> <input type="checkbox"/> Lifting Chain <input type="checkbox"/> Transport Chain <input type="checkbox"/> G80 Fittings <input type="checkbox"/> G100 Fittings <input type="checkbox"/> Synthetic Slings <input type="checkbox"/> | | | |
| Which brands are supplied/preferred by the Company? | | | |
| Brands: | | | |
| Approximately how many Employees handle these products on a regular basis? | | | |
| Are the Employees required to hold specific qualifications or unit standards? | | | |
| If yes, please supply detail: | | | |
| Do you own a LEENZ Code of Practice? | | | |



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Declaration: To be signed by a Director or Senior Manager of the applying Company
I _____ confirm that we will read the Organisation's Constitution, rules, By-Laws and Code of Practice; and undertake to abide by them should I be accepted for Membership. I understand that failure to do so could subsequently result in the suspension or termination of my Membership.

Membership fees of \$350 are paid annually. Pro-rata fees apply to partial year applications.

Please send your completed application to secretary@leenz.org or PO Box 13 015, Onehunga

Signed:

Date:

LEENZ Approval (Office Use Only)

Approval must be approved by a minimum of THREE Executive Members

Comments:

Executive Committee Member Name

Sign and Date:

Executive Committee Member Name

Sign and Date:

Executive Committee Member Name

Sign and Date:

Checklist

Emailed to Executive Committee

Welcome email

Invoice Sent

Payment Received

Website access activated

Membership Certificate Sent