



New Zealand Arboricultural Association Inc.

# MEMBERSHIP APPLICATION FORM

**This form is for application for membership to the New Zealand Arboricultural Association Inc. (NZ Arb).**

Membership is open for professional arborists, tree managers, trainees and/or any person or organisation interested in amenity trees.

## MISSION STATEMENT

The goal of NZ Arb is to encourage, foster, improve and educate in all aspects of arboriculture throughout New Zealand.

## NZ ARB PROFESSIONAL CONDUCT AND BEHAVIOUR

The Code of Conduct is a guide outlining the responsibilities of, or proper practices for, the individuals or organisation that are members of the NZ Arb.

The Constitution is a specific set of rules for governing the Association. This term refers specifically to the Constitution defining the fundamental principles, and establishing the structure, procedures, powers and duties, of the Association.

All applicants must be familiar with and abide by the Constitution and the Code of Conduct of NZ Arb. This information will be provided with your membership pack and is available on the NZ Arb website - [www.nzarbor.org.nz](http://www.nzarbor.org.nz).

## PRIVACY STATEMENT

You are required by the NZ Arboricultural Association Inc. (NZ Arb) to provide the information requested in this application form. The information will be used to determine whether your application may be granted. Any personal information submitted will be kept and maintained by NZ Arb in accordance with the New Zealand Privacy Act 1993. You have the right to access, and correct, any information about you that is held by NZ Arb.

Membership information may also be used in a Members' Register on the NZ Arb website at [www.nzarbor.org.nz](http://www.nzarbor.org.nz)

## 1. COMPANY / ORGANISATION DETAILS

Legal Name:	<input type="text"/>		
Trade Name:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Town/City:	<input type="text"/>
Physical Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Town/City:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Mobile Number:	<input type="text"/>	Other Number:	<input type="text"/>
Email Address:	<input type="text"/>		

## 2. PERSONAL DETAILS (omit any details if same as above - e.g. phone numbers, etc.)

First Name(s):	<input type="text"/>	Surname:	<input type="text"/>
Postal Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Town/City:	<input type="text"/>
Daytime Phone:	<input type="text"/>	Evening Phone:	<input type="text"/>
Mobile Number:	<input type="text"/>	Self-employed: Yes	<input type="checkbox"/> No <input type="checkbox"/>
Email Address:	<input type="text"/>		

## 3. CITIZENSHIP

Are you a New Zealand (NZ) citizen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'No', what is your citizenship status?	<input type="text"/>			
If you are not a NZ citizen, do you have a permit to work in New Zealand?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes', please provide details below.	<input type="text"/>			
<input type="text"/>				

## 4. PREFERRED CONTACT METHODS & PERSONAL INFORMATION ON WEBSITE

For general information regarding NZ Arb activities	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
Subscriptions / Invoicing	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
NZ Arb magazine - "Tree Matters"	<input type="checkbox"/> Hard copy	<input type="checkbox"/> Digital copy
Do you agree to your basic contact info being placed on the NZ Arb web site? (Name/Company; Location; Email)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 5. REFEREES & EXPERIENCE

Outline major area(s) of expertise and experience (for consulting and/or contracting arborists). If other type of organisation, please state the type of activity and relevant details (e.g. training provider, local body council, etc.)

Provide names and contact details of two industry referees that can verify your personal or company's capability and work history.

Name:	_____	Designation:	_____
Company:	_____	Phone Number:	_____
Name:	_____	Designation:	_____
Company:	_____	Phone Number:	_____

Are you associated with any current members of NZ Arb? (These may be the same as above)

Name:	_____	Designation:	_____
Company:	_____	Phone Number:	_____
Name:	_____	Designation:	_____
Company:	_____	Phone Number:	_____

## 6. QUALIFICATIONS

Have you completed any formal Arboricultural or Horticultural qualification or training? Please provide details.

Are you currently enrolled as a full-time student? Yes  No

If 'Yes', please provide details below.

Course: \_\_\_\_\_

Institution/Training Organisation: \_\_\_\_\_

## 7. ENVIRONMENTAL RECORD

Have you or your company had any of the following in the last 5 years?

Formal warning letter, Infringement Notice, enforcement order, cautioning, abatement notice or prosecution in the environmental court from **any** regional or local authority.

No

Yes

If yes, please provide details.

## 8. DEPARTMENT OF LABOUR

Have you or your company had any of the following in the last 5 years?

Formal warning letter, Investigation, Infringement Notice, enforcement order, cautioning, abatement notice or prosecution by the Department of Labour or the Commerce Commission?

No

Yes

If yes, please provide details.

## 9. DECLARATION

By signing below, I certify that all the information provided is true and accurate and that I have read, understand and comply to agree with all rules and regulations of the New Zealand Arboricultural Association Inc.

### COMPLETED BY

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

MEMBERSHIP TYPES & FEES	FEE	CHECK
<b>APPROVED CONTRACTOR SCHEME (ACS) MEMBER</b> Arboricultural Contractors with ACS accreditation with NZ Arb (by application only)	\$950	<input type="checkbox"/>
<b>SUSTAINING MEMBER</b> (Fee per branch applies) Industry Businesses, Local & Regional Authorities, Government Agencies, Tertiary Institutions	\$450	<input type="checkbox"/>
<b>INDIVIDUAL MEMBER</b> Professionals wishing to hold individual membership with NZ Arb only	\$150	<input type="checkbox"/>
<b>COMBINED INDIVIDUAL MEMBER</b> (Joint NZ Arb & ISA member) Professional individuals wishing to hold individual membership with <b>both</b> NZ Arb and the International Society of Arboriculture (ISA)	\$326	<input type="checkbox"/>
<b>STUDENT MEMBER</b> Must be enrolled in an approved full-time Arboricultural Course to qualify. First year students FREE.	\$25	<input type="checkbox"/>
<b>COMBINED STUDENT MEMBER</b> (Joint NZ Arb & ISA Student member) Must be enrolled in an approved full-time Arboricultural Course to qualify.	\$25	<input type="checkbox"/>
<b>SUPPLIER MEMBER</b> Arboricultural wholesale or retail suppliers that are not active in tree work activities or consultancy practices	\$50	<input type="checkbox"/>
<b>INACTIVE MEMBER</b> No direct involvement in any form of commercial arboricultural activity. E.g. retired arborists, other related industry people	\$50	<input type="checkbox"/>

*NOTE: Fees are for one calendar year (Jan 1 to Dec 31). New membership applications received after 1st July are pro-rated to 60% of full fee. New membership applications are conditional until acceptance by the Executive Committee. Membership is non-transferable. Fees inclusive of GST.*

## PAYMENT METHODS

- (check) Please send me an invoice to the amount of \$ \_\_\_\_\_ using this reference: \_\_\_\_\_
- (check) I enclose a cheque for \$ \_\_\_\_\_ [make cheques to: New Zealand Arboricultural Association Inc.]
- (check) I have made a direct deposit to the NZ Arb bank account (12-3055-0189617-00) for \$ \_\_\_\_\_
- (check) Please send me a receipt

**MAIL TO:** New Zealand Arboricultural Association Inc. (NZ Arb)  
PO Box 5596, Wellesley Street, Auckland 1141, New Zealand

**OR EMAIL TO:** [membership@nzarb.org.nz](mailto:membership@nzarb.org.nz)

**THANK YOU FOR JOINING THE NEW ZEALAND ARBORICULTURAL ASSOCIATION**

**OFFICE USE ONLY**

Executive Member: \_\_\_\_\_

Date: \_\_\_\_\_

SECTION	COMPLETED		INFORMATION REQUIRED	VERIFIED
	Yes	No		
1: Company	Yes	No		
2: Personal Details:	Yes	No		
3: Citizenship	Yes	No		
4: Contact Method	Yes	No		
5: Referees/Experience	Yes	No		
6: Qualifications	Yes	No		
7: Environment Record	Yes	No		
8: DOL Record	Yes	No		
9: Declaration	Yes	No		

Does the applicant fulfil NZAA membership criteria?

Yes

No

If 'no', briefly outline reasons:

Payment Method:      Cheque                  Cash                  Visa                  Internet                  Other

Payment Received:      Yes                  No

Membership Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_