



# NZARB<sup>TM</sup>

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).

NZ Arb is your voice of  
New Zealand arboriculture



## 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.nzarb.org.nz](http://www.nzarb.org.nz)

## COMPANY / ORGANISATION DETAILS

Legal Name:			
Trade Name:			
Postal Address:			
Suburb:			
Town/City:			
Physical Address:			
Suburb:		Town/City:	
Office Ph Number:			
Fax Number:		Mobile Number:	
Email Address (for billing):			
Email Address (for communications):			
Number of Full-time equivalent (FTE) Staff:			

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

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

## 3. CITIZENSHIP

Are you a New Zealand (NZ) citizen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'No', what is your citizenship status:				
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.				



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

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

**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:	<input type="text"/>	Designation:	<input type="text"/>
Company:	<input type="text"/>	Phone Number:	<input type="text"/>
Name:	<input type="text"/>	Designation:	<input type="text"/>
Company:	<input type="text"/>	Phone Number:	<input type="text"/>

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

Name:	<input type="text"/>	Designation:	<input type="text"/>
Company:	<input type="text"/>	Phone Number:	<input type="text"/>
Name:	<input type="text"/>	Designation:	<input type="text"/>
Company:	<input type="text"/>	Phone Number:	<input type="text"/>



## 6. QUALIFICATIONS

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

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Are you currently enrolled as a full-time student?

Yes

No

If 'Yes', please provide details below.

Course:

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Institution/Training Organisation:

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## 7. COMPLIANCE, 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.

Yes

No

If yes, please provide details.

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## 8. COMPLIANCE, HEALTH AND SAFETY

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 Worksafe New Zealand or the Commerce Commission?

Yes

No

If yes, please provide details.

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## 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:	<input type="text"/>	Designation:	<input type="text"/>
Company:	<input type="text"/>	Phone Number:	<input type="text"/>

MEMBERSHIP TYPES & FEES	FEE	CHECK
<b>APPROVED CONTRACTOR SCHEME (ACS) MEMBER</b> Arboricultural Contractors with ACS accreditation with NZ Arb (by application only)	<u>\$950</u>	<input type="checkbox"/>
<b>SUSTAINING MEMBER</b> (Fee per branch applies) Industry Businesses, Local & Regional Authorities, Government Agencies, Tertiary Institutions	<u>\$450</u>	<input type="checkbox"/>
<b>INDIVIDUAL MEMBER</b> Professionals wishing to hold individual membership with NZ Arb only	<u>\$150</u>	<input type="checkbox"/>
<b>COMBINED INDIVIDUAL MEMBER</b> (Joint NZ Arb & ISA member) Professional individuals wishing to hold individual membership with both NZ Arb and the International Society of Arboriculture (ISA)	<u>\$326</u>	<input type="checkbox"/>
<b>STUDENT MEMBER</b> Must be enrolled in an approved full-time Arboricultural Course to qualify. First year students FREE.	FIRST YEAR FREE <u>\$25</u>	<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.	FIRST YEAR FREE <u>\$25</u>	<input type="checkbox"/>
<b>SUPPLIER MEMBER</b> Arboricultural wholesale or retail suppliers that are not active in tree work activities or consultancy practice	<u>\$50</u>	<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	<u>\$50</u>	<input type="checkbox"/>

*NOTE: Fees are for one calendar year from the date your membership is accepted. New membership applications are conditional until acceptance by the Executive Committee. Membership is non-transferable. Fees inclusive of GST.*

## PAYMENT METHODS

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



**MAIL TO:** New Zealand Arboricultural Association Inc. (NZ Arb)  
PO Box 1193, Nelson, 7040, New Zealand

**OR EMAIL TO:** 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	<input type="checkbox"/>	<input type="checkbox"/>		
2: Personal Details	<input type="checkbox"/>	<input type="checkbox"/>		
3: Citizenship	<input type="checkbox"/>	<input type="checkbox"/>		
4: Contact Method	<input type="checkbox"/>	<input type="checkbox"/>		
5: Referees/Experience	<input type="checkbox"/>	<input type="checkbox"/>		
6: Qualifications	<input type="checkbox"/>	<input type="checkbox"/>		
7: Environment Record	<input type="checkbox"/>	<input type="checkbox"/>		
8: DOL Record	<input type="checkbox"/>	<input type="checkbox"/>		
9: Declaration	<input type="checkbox"/>	<input type="checkbox"/>		

Does the applicant fulfill NZ Arb membership criteria?    Yes     No

If 'no', briefly outline reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Payment Method:    Cheque:     Cash:     Visa:     Internet:     Other:

Payment Received:    YES:     NO:

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

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

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