



# Crane Association of New Zealand

Aviation House, 12 Johnston Street, Wellington  
PO Box 25156  
Wellington  
Ph: 04 473 3558  
Email: [info@cranes.org.nz](mailto:info@cranes.org.nz)  
Website: [www.cranes.org.nz](http://www.cranes.org.nz)

## Individual Member Application Form

Last Employer in Industry: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Suburb: \_\_\_\_\_ City: \_\_\_\_\_

Land Line: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**What is an Individual Member:** An individual member is an individual who has formerly been involved in the crane industry in New Zealand and who has now retired, ready to stop working but not to stop participating.

### Details of your work in the Crane industry.

Time in Industry: \_\_\_\_\_ Type of Cranes Used: \_\_\_\_\_

Qualifications: \_\_\_\_\_ Industry Involvement: \_\_\_\_\_

Additional Information: \_\_\_\_\_

### What do you want from membership of the Crane Association of New Zealand?

- |  |   |
|--|---|
| <input type="checkbox"/> Mentor Young Operators      | <input type="checkbox"/> Attend Conference and local meetings |
| <input type="checkbox"/> Keep active in the industry | <input type="checkbox"/> Share my knowledge of industry       |
| <input type="checkbox"/> Receive Discounts/Benefits  | <input type="checkbox"/> Give back to the industry            |

Application supported by: \_\_\_\_\_  
(CANZ Member Firm Representative)

Application Tabled at CANZ Council Meeting: \_\_\_\_\_ Approved: Yes/No

**Subscription Amount: \$100 pa (inclusive of GST).**

### Membership Declaration

The undersigned hereby declares that the information supplied is true in substance and in fact, and authorises the Crane Association of New Zealand (CANZ) to verify, where and when necessary, claims made. The undersigned hereby applies for membership of CANZ and agrees to abide by its rules and Code of Ethics, as may be amended from time to time by CANZ. Permission is also given to CANZ to display my contact details in the directory and CANZ Website

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

Office: Approved : Y/N      Advised: Y/N      Website & Directory Y/N      Invoiced: Y/N