



MEMBERSHIP APPLICATION FORM

AFFILIATES

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APPLICATION FORM

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1. Applicant Details

Full Name/s:	
Trading Name (<i>if different</i>): (<i>please note that both names will appear on the Certificate of Membership</i>)	
Full Names(including all former names) of Directors or Partners:	
Incorporation Date:	
Incorporation Number:	
GST Number:	
Street Address:	
Postal Address:	
Post Code:	
Email address:	
Phone:	
Fax:	
Contact Name:	
Mobile:	

List subsidiary, affiliated or associated companies (if any) and indicate relationship to applicant:	
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2. Business or Practice Details

Please tick the square beside the industry category which best describes the industry in which you operate:

Accounting		Educational Body	
Business Broker		Franchising Consulting	
Banking		Legal	
Consulting			
Other service provider (please describe)			
Please confirm that you do not qualify for franchisor, franchisee or some other category of membership	Yes	No	
If you fall into some other additional category, please specify and give details:			
Please provide details of the systems and services in connection with franchising which are provided by your business or practice:			

3. Code of Ethics

Please complete the following:

These standards of conduct signify assumption by Affiliate Members of the Franchise Association of New Zealand Incorporated the obligation of self-discipline, above and beyond any requirements of law or other recognised standards of their individual profession or industry. Observation of such standards are intended to assure that Affiliate members will bring credit to the Association and enhance the reputation of franchising. Without limiting the foregoing Affiliate Standards of Conduct require members:

1. To observe the highest standards of competence, integrity and service to the franchising community
2. To promote their products and services in an ethical and professional manner at all times
3. To broaden understanding of and enhance public regard and confidence in franchising
4. To abide by standards of decorum established by the Franchise Association of New Zealand Incorporated when participating in Association sponsored meetings, conferences and conventions
5. To abide by any promulgated decision of the Board of the Franchise Association of New Zealand Incorporated as to the scope and meaning of, and compliance with, this Code of Ethics.

Signature:

Date::

4. Application Fee

There is a one-off non-refundable application fee to cover the cost of an independent Scrutineer checking your documents. The cost is \$200.00 Plus gst.

Please debit my credit card:

Visa	MasterCard	Amex	Diners
Amount:		\$225.00	
Card Number:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date:			
Name on Card:			
Signature:			

5. Lodging Your Application

Please submit the completed Application Form and attachments to:

Franchise Association of New Zealand Inc
Level 1, 399 Khyber Pass Road
Newmarket 1023
Auckland

Ph: 09-523 4452
Fax 09-523 4446
Email: contact@franchise.org.nz

6. Our Checklist

Other Items

This Application Form duly completed
Application Fee \$225.00