

# SCNZ Membership Application Form

Please type directly into this form

**For full membership details, including categories, rules and voting privileges, please visit our website [www.scnz.org](http://www.scnz.org). Your membership will be considered by the SCNZ Council at its next meeting. If your membership is approved you will receive an invoice covering the membership fee of \$200 + GST.**

Mr  Mrs  Ms  Miss  Other (please write): .....

Your Name: ..... Your Job Title: .....

Name of Company: .....

Street Address: .....

Postal Address: .....

Phone: ..... Fax: .....

Email: ..... Website: .....

## Membership Category (please tick one):

*By ticking the membership category below, I acknowledge I have read the membership category information and I comply with the qualifications for this membership.*

### FULL MEMBER<sup>1</sup>

Certified Steel Constructor  Steel Producer  Steel Distributor

### ASSOCIATE MEMBER<sup>1</sup>

Steel Detailer  Steel Erector  Steel Decker  Non-Certified Fabricator

### PROFESSIONAL MEMBER

Practising Professional: Engineer  Architect  Quantity Surveyor

Academic/Student: Engineer  Architect  Quantity Surveyor

### AFFILIATE MEMBER<sup>3</sup>

International Steel Supplier  General/Other  Please indicate main business activity .....

1. See rules 5.1 and 5.2 for the residency criterion for Full and Associate members. 2. To be eligible for Steel Constructor membership, companies must be certified under the Steel Fabricator Certification (SFC) scheme to at least Construction Category 2 level. For details of the SFC scheme please refer to [www.steelfabcert.co.nz](http://www.steelfabcert.co.nz). 3. Affiliate Members include construction managers, general contractors, building compliance officials, and related industry associations and societies, both in New Zealand and overseas. General Affiliates include any person or corporation operating as a supplier of bolts, light-gauge steelwork, paint, welding consumables, software, machinery and plant used in steel construction.

## Declaration:

I, (please print name in full): .....

hereby declare that I support the objectives of SCNZ; and that I will abide by its Rules and code of conduct reference: [www.scnz.org/membership/become+an+scnz+membership.html](http://www.scnz.org/membership/become+an+scnz+membership.html)

Signature: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please email this form to [info@scnz.org](mailto:info@scnz.org) or fax directly to + 64 9 263 5638**



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