



**SIA ASSOCIATE MEMBERSHIP
APPLICATION FORM**

1) MEMBER DETAILS:

APPLICANT COMPANY NAME:	
PRINCIPAL CONTACT:	
TITLE / POSITION:	
POSTAL ADDRESS:	
STREET ADDRESS:	
PHONE:	
FAX:	
EMAIL ADDRESS:	
WWW SITE:	
PRODUCTS SUPPLIED:	
BRAND NAMES:	
CATEGORY: (circle one or more of the categories below that best describes your business):	
Academic; Architect/Specifier; Consultant/Designer; Energy Company; Individual; Installer; SWH Dealer; SWH System Supplier; Component Supplier; Other.....	

Membership of the Association starts with Associate Membership. Associate Members may advance to the Accredited Dealer category or full Membership once the relevant criteria are achieved.

2) PAYMENT DETAILS:

If paying by Cheque – send cheque for **\$281.25 (incl. GST)** made payable to NZ Solar Industries Association of NZ, PO Box 11-595, Manners Street, Wellington 6142.

If paying by Direct Credit - please tick here and provide the company name the fee is for with the payment. Bank details – Kiwi Bank, Account Number 38 9001 0349096 00

This becomes a Tax Invoice when paid. Please keep a copy for your records

3) DECLARATION:

Having read the Association’s Constitution and Code of Conduct applicable at the date of application for membership and displayed on the Association website, on behalf of the applicant I hereby declare that the applicant desires to become an Associate Member of the Solar Industries Association.

In the event of admission as an Associate Member, the applicant agrees to be bound by the Constitution in force at the time of application, and abide by the Association’s Code of Conduct, and to uphold the spirit of the Association’s Objects.

For the purposes of the rules of the Solar Industries Association, the applicant nominates the individual described below as its representative.

Representatives Names: _____

Signature of Applicant’s representative: _____

Date of application: _____