

NEW ZEALAND MASTER CONCRETE
PLACERS ASSOCIATION

APPLICATION for MEMBERSHIP

Subscription is required on an annual basis.
The financial year is 01 April to 31 March.
The annual fee is \$250-00 plus GST per member.

**New Zealand
Master Concrete
Placers Association**



Supporting Placers into the future

Post this application form to: MCPA, P.O Box 4218, Mount Maunganui South, Tauranga 3149
Phone (07) 575 3214 Fax (07) 575 3618 Email: office@mcpa.org.nz

All Question must be completed by a full member applicant. Thank you.

1. Application Details		Contact Name
Company Name:		
Postal Address:		
Physical Street Address:		
Phone: (0)	Fax: (0)	
Email:	Cell phone: (0)	
How did you hear about the NZMCPA.		

2. The Specifics of your Business. (Associate Members go to 13)		
There are many types of professionals who make up the concrete industry in New Zealand. We need to know your business type when you join.		
Your business is: (please tick the relevant boxes)		
<input type="checkbox"/> Flatwork - Residential	<input type="checkbox"/> Flatwork-Commercial	<input type="checkbox"/> Concrete Pumping
<input type="checkbox"/> Stamped	<input type="checkbox"/> Exposed	<input type="checkbox"/> Concrete Cutting
<input type="checkbox"/> Coloured	<input type="checkbox"/> Remedial	
<input type="checkbox"/> Other _____		

3. Trade References	
Please provide details of two Trade References, one of whom <u>MUST</u> be a concrete supplier. (Decorative supplies, tools)	
Ref. 1:	Business Name:
	Contact Name:
	Phone: (0)
Ref: 2	Business Name:
	Contact Name:
	Phone: (0)

4. Nominated By (Association Member), if applicable	
Company	Phone (0)
Contact _____	Cell (02) _____

5. Have you owned, co-owned or operated a company under another name.	Yes/No
If the answer above is yes please name. _____	
How long have you owned your company. _____	

6. Health and Safety

Do you have any health and Safety measures in place. _____

If so what are they. _____

7. Staffing.

How many staff do you generally operate with. _____

What training do you offer your staff. Eg. BCITO.Site Safe. First Aid. Other _____

Do you have a Pre employment process you follow Yes/No

If Yes what is it. _____

8. About you.

What have you got or would be prepared to help/share with the association.

What would you like the association to help you with.

What plans do you have for the future of your company.

What do you do different to your competition.

9. Insurance

What types of insurance do you have. _____

10. Environmental.

What Environmental process do you have in place _____

11. Standards New Zealand.

What copy of the New Zealand Standards do you have.

(Would you like to purchase the most up to date version)

Yes/No

12. MCPA expectations of members

a/ You must abide by the constitution and bylaws.

b/ As a MCPA member you must attend Conference at least every 2 years and trainings yearly.

13. Declaration

I/We hereby agree to be an active member of the New Zealand Master Placers Association, and abide by its Bylaws and Standards of Professional conduct.

Signed

Designation

Date

Name (Print)

Privacy Act

The information disclosed by members shall be held by NZMCPA for its sole and exclusive use. The supply of such information is voluntary. There is no obligation in law compelling such disclosure. Members who have supplied such information shall be given reasonable access to that information for the purpose of verifying, correcting & updating the same.