

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.



*Supporting Placers into the future*

Post this application form to: MCPA, PO Box 14 164, Mayfair, Hastings  
Phone 0274 571 402 Fax 06 873 4429 Email: office@mcpa.org.nz

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

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

|                                                                                                                                              |                                              |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| <b>2. The Specifics of your Business.</b> (Associate Members go to 13)                                                                       |                                              |                                           |
| There are many types of professionals who make up the concrete industry in New Zealand.<br>We need to know your business type when you join. |                                              |                                           |
| <b>Your business is:</b> (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 _____                                                                                                         |                                              |                                           |

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

|                                                             |
|-------------------------------------------------------------|
| <b>4. Nominated By ( Association Member), if applicable</b> |
| Company _____ Phone (0 ) _____                              |
| Contact _____ Cell (02 ) _____                              |

|                                                                              |               |
|------------------------------------------------------------------------------|---------------|
| <b>5. Have you owned, co-owned or operated a company under another name.</b> | <b>Yes/No</b> |
| 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. Enviromental.**

What Enviromental 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.

