

MEMBERSHIP APPLICATION FORM

Company Name: _____

Contact: _____

Address: _____

Postal address: _____

Work phone: _____ Fax: _____

Mobile phone: _____ After hours: _____

E-mail Address: _____

Position held with company: _____

Trade referees: _____

Membership of the NZTTMF is on a company basis. Any person from your company may attend meetings but no more than 2 persons can attend at the same time.

MAIN BUSINESS ACTIVITY(S) <i>(Please tick)</i>			
DESIGN	<input type="checkbox"/>	ENGINEERING	<input type="checkbox"/>
CERTIFIER	<input type="checkbox"/>	COMPONENT SUPPLIER	<input type="checkbox"/>
		chassis/load anchorage/5th wheels/drawbeams <i>(circle certifying level)</i>	
MANUFACTURER	<input type="checkbox"/>		
Bodies - Alloy	<input type="checkbox"/>	Bodies Steel	<input type="checkbox"/>
Logging trailers	<input type="checkbox"/>	Tractor set up	<input type="checkbox"/>
		Flatdecks	<input type="checkbox"/>
		Chassis mods.	<input type="checkbox"/>
OTHER <input type="checkbox"/> <i>(please specify)</i> _____			

The information requested below is not a prerequisite for membership; however, in order to determine the strength of this Federation, your co-operation would be of immense value. Policy makers often can't appreciate the contribution our industry makes to employment or to the vehicle population in New Zealand. Unfortunately our voice is only as strong as our contribution. The individual details will remain confidential with the secretary.

Number of years in business _____	Number of trailers built per annum _____
Number of certified welders' _____	Number of employees' _____

For office use only:

- Invoice
- Letter of acceptance
- Book of Rules

Database: TTMF, Area _____
Date into database: _____