



"The Sign of a Professional"

APPLICATION FOR FULL MEMBERSHIP

I/WE _____ of _____
(Full name of individual, partners or company)

do hereby apply to become an **FULL** member of the New Zealand Heavy Haulage Association Incorporated and I/We undertake to be bound by the Constitution and Rules of the said Association and pay the annual subscription fee and levies for membership thereof:

(A) APPLICANT DETAILS

COMPANY/ORGANISATION NAME

TRADING NAME

POSTAL ADDRESS

BOX NO

SUBURB

CITY

PHYSICAL ADDRESS FROM WHERE BUSINESS IS TO BE OPERATED

DAYTIME TELEPHONE NUMBER(S)

FAX NO

MOBILE TELEPHONE NUMBER(S)

EMAIL ADDRESS

WEB ADDRESS

Contractor Magazine

Would you like to subscribe to the Contractor Magazine for \$69 per year (incl GST)? Yes No

(B) OPERATING DETAILS

(a) Name of holder of Goods Service Licence under the Transport Act 1962

(b) How many heavy haulage prime movers (fulltime equivalent) do you use in conjunction with your operation? NUMBER _____

(c) How many trailers and of what configuration do you use in your operation?

TYPE _____ NUMBER _____

TYPE _____ NUMBER _____

TYPE _____ NUMBER _____

**(C) List the names of the people to be responsible for the management and/or control of the service.
(Position, eg: Owner/Driver Director, Partner, Transport Manager etc.)**

FULL NAME POSITION

FULL NAME POSITION

FULL NAME POSITION

FULL NAME POSITION

(E) OTHER COMPANY INFO

Please advise any other relevant background info such as company history, experience in heavy haulage industry, any industry references, etc.

I _____ of _____

solemnly and sincerely declare that all the information contained within this application form is true and correct.

Signature of Applicant: _____

Declared at _____ this _____ day _____ 20____

New Zealand Heavy Haulage Association contact details:-

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