



"The Sign of a Professional"

APPLICATION FOR ASSOCIATE MEMBERSHIP

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

Trading as: _____

Hereby apply for **ASSOCIATE MEMBERSHIP** of the New Zealand Heavy Haulage Association Incorporated under the terms and conditions of Clause 6 of the Rules of the said Association.

Signed: _____ Date: _____

MEMBERSHIP TO BE LISTED IN THE NAME OF: _____

POSTAL ADDRESS: _____

COMPANY CONTACT: _____

CONTACT NUMBERS: Day: (___) _____

Evg: (___) _____

Fax: (___) _____

Mob: (___) _____

E-Mail: _____

Web: www. _____

Annual Subscription is \$660 **plus** GST **Total \$759**

Please send completed form to: The Chief Executive
New Zealand Heavy Haulage Association
P O Box 3873
WELLINGTON 6140