



**New Zealand Stamp Dealers Association (Inc)**

**APPLICATION FOR MEMBERSHIP**

**Rule 3(b) Eligibility For Membership**

(i) **Full Membership:** Membership of The Association shall be open to all persons or companies whose representatives have been involved in dealings in philatelic material for a minimum period of 12 months full time or 24 months part time immediately preceding the application. This may be subject to a provisional period at the discretion of the Committee.

(ii) **Provisional Membership:** Any person or company not eligible for membership under Rule 3(b) (i) may be admitted as a provisional member by the Committee and shall remain as a provisional member until eligible for full membership. A provisional member shall not advertise membership of the association and shall not be elected to office.

**APPLICANT DETAILS**

Business Type (tick one)

Limited Company:  Sole Trader:  Partnership:

Dealer Type (tick one)

Full Time Dealer:  Part Time Dealer:

Legal Name Of Person/Entity Applying For Membership: \_\_\_\_\_

Trading Name: \_\_\_\_\_

**Contact Details**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Accountant: \_\_\_\_\_ Solicitor: \_\_\_\_\_

Bank & Branch: \_\_\_\_\_

Person nominated as your representative to the NZSDA (INC) \_\_\_\_\_

Have you ever been Bankrupt? Yes  No

Do you have any criminal convictions? Yes  No

If you answered yes to either of the two questions above, please give details below: \_\_\_\_\_

Director/Partner Details:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Trade References - (State name, town and telephone numbers of three established accounts)

	Company Name	Contact Phone	Contact Person
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Privacy Act 1993**

I/We hereby irrevocably authorise any person or company to provide you with information you may require for your credit enquiries. I/We further authorise you to furnish to any third party, details of this application and any subsequent dealings I/We may have with you as a result of this application being actioned by you.

This consent is given in accordance with the Privacy Act 1993.

**Declaration**

I hereby apply for membership to the New Zealand Stamp Dealers Association (Inc) as a [ ] Full Time Dealer [ ] Part Time Dealer and undertake to abide by the Association's rules. I declare that the above particulars are true and correct and that I have been engaged in the stamp trade for the required period.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed By: \_\_\_\_\_ being a full member of the NZSDA

Seconded By: \_\_\_\_\_ being a full member of the NZSDA

I enclose my payment of \$NZ \_\_\_\_\_ for the Joining fee and \$NZ \_\_\_\_\_ for the annual membership fee.