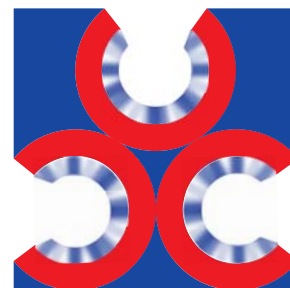


# CCCA APPLICATION FORM 2012

## Forward forms to:

CCCA Administration Office  
PO Box 217184  
Botany Junction, Auckland 2164  
Ph:+64 9 273 0044 Fax:+64 9 273 0045  
Email: admin@ccca.org.nz  
Web: www.ccca.org.nz



Climate Control  
Companies Association

Full Company Name: .....

Trading Name: .....

Street Address: .....

Postal Address: .....

Phone: .....

Fax: .....

Key Contact Name: .....

Key Contact Mobile: .....

Key Contact Email: .....

Website: .....

## INFORMATION FOR INDUSTRY STATISTICS ONLY

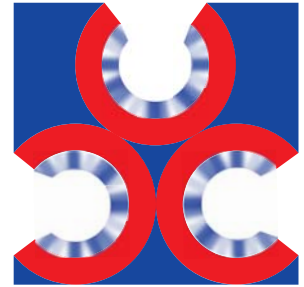
Please select a turnover category, which will correspond to your yearly fees (starting Jan 2012). Associate and Affiliate fees are based on a fixed amount.

Company Turnover	Fees incl GST	Tick
Associate	\$1006.25	<input type="checkbox"/>
Affiliate	\$1006.25	<input type="checkbox"/>
Member Up to \$1 million	\$1121.25	<input type="checkbox"/>
Member Over \$1m up to \$3m	\$1552.50	<input type="checkbox"/>
Member Over \$3m up to \$6m	\$2415.50	<input type="checkbox"/>
Member Over \$6m up to \$10m	\$3565.00	<input type="checkbox"/>
Member Over \$10 million	\$4715.50	<input type="checkbox"/>

Please select a primary and secondary industry sector that your business is involved in.

INDUSTRY SECTOR	RANK
<i>(Rank sectors accordingly: Primary (P), Secondary (S))</i>	
HVAC Mechanical Services <i>(incorporating heating &amp; a/c)</i>	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>
Heat Pumps	<input type="checkbox"/>
Suppliers & Wholesalers	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

# CCCA APPLICATION FORM 2012



Climate Control  
Companies Association

About My Company	YES	NO
Limited Liability Company Number is .....		
Total number of employees is <input type="text"/>		
Our company has a current and appropriate Health and Safety Policies Manual	<input type="text"/>	<input type="text"/>

INSURANCE COVERS	YES	NO
Our company has and maintains appropriate Vehicle Insurance	<input type="text"/>	<input type="text"/>
Our company has and maintains appropriate <b>Professional Indemnity insurance coverage</b> of \$.....	<input type="text"/>	<input type="text"/>
If you do not have <b>Professional Indemnity insurance coverage</b> please confirm that your company does not provide advice or design services <input type="text"/> yes we do not provide advice or design services		
<i>We accept and understand that provision of advice or design services without adequate Professional Indemnity Insurance breaches CCCA membership and results in disqualification and termination of membership.</i>		
We have Public Liability insurance cover of \$..... (millions)		

I/we do hereby make application for membership of the Climate Control Companies Association and agree to be bound by the rules and policies of the Association.

**Print Name:** .....

**Applicants Signature:** .....

**Date:** .....

**Proposer's Name** (must be a member of CCCA): .....

**Proposer's membership no:** .....

**Proposer's signature:** .....

**Payment options:**

**I wish to pay by Credit Card:**  Mastercard  I wish to pay by cheque  
 Visa  Direct Credit to Westpac Bank 03 1529 0208535 00

Card Number:

Cardholders Name: .....

Signature: ..... Expiry Date: .....

# BRANCH DETAILS

(If you have more than six branches, please photocopy form and provide details).

<b>BRANCH #1</b>
Name/location
Branch contact name
Phone
Fax
Email
Postal address
Street address

<b>BRANCH #2</b>
Name/location
Branch contact name
Phone
Fax
Email
Postal address
Street address

<b>BRANCH #3</b>
Name/location
Branch contact name
Phone
Fax
Email
Postal address
Street address

<b>BRANCH #4</b>
Name/location
Branch contact name
Phone
Fax
Email
Postal address
Street address

<b>BRANCH #5</b>
Name/location
Branch contact name
Phone
Fax
Email
Postal address
Street address

<b>BRANCH #6</b>
Name/location
Branch contact name
Phone
Fax
Email
Postal address
Street address