

REGISTERED MASTER JOINERS



Date

**APPLICATION FOR REGIONAL
ASSOCIATE MEMBERSHIP OF
MASTER JOINERS**

Please complete the following details and email to info@masterjoiners.co.nz or
Fax to (06) 650 6756, or post to the address below.

Branch Association:

- 1. Contact Name(s)
- 2. Full Company Name
- 3. Mailing Address
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.....
.....
- 4. Site Address
.....
.....
.....
- 5. Phone Number
- 6. Fax Number
- 7. Mobile Number
- 8. Email
- 9. Website

Many thanks for your application and you will be contacted in the very near future.

Corinne Moore
Executive Officer