



Direct Selling Association
of New Zealand

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APPLICATION FOR SUPPLIER MEMBERSHIP Page 1

DATE: _____

COMPANY NAME: _____

TRADING NAME: _____

(If different)

TELEPHONE: _____ FACSIMILE: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

E-mail: _____

Home Page: _____

(If Available)

COMPANY DETAILS:

Date and Place of Incorporation: _____

Names and Addresses of Directors and Shareholders, also please list share holdings:

Paid Up Capital: _____

Bank: _____ Branch _____

Accountant's Name and Address: _____

Solicitor's Name and Address: _____



APPLICATION FOR SUPPLIER MEMBERSHIP Page 2

WHAT IS THE NATURE OF YOUR SUPPLY TO THE ASSOCIATION

(Tick One or More as Appropriate)

Technology ? Products ? Manufacturer ? Services ? Other(describe) ?

COMPANY PRODUCTS SOLD OR SERVICES PROVIDED

List types of goods or services: _____

List any unique brand names: _____

Please supply a small sample of your literature for file information

PRODUCT SOURCE (If applicable)

Own local manufacture _____%
Local Purchase _____%
Imported _____%

SERVICE LOCATION (Give percentage if service provided)

Services provided entirely within New Zealand _____%
Services provided from outside of New Zealand _____%

WHAT IS YOUR STAFFING

Staff: No of Paid Employees: _____

COMPANY AFFILIATIONS (as applicable)

What relationship does your New Zealand company have to any parent or sister company overseas?
Is it fully owned, partly owned, a division, a subsidiary, a licensee.

Is your parent/sister company a member of the D.S.A. in another country?

State **where**: _____

Is your **membership** Full, Provisional, Supplier, Other? (State which) _____

Who is or will be your representative to the D.S.A.N.Z:

Name in Full: _____

Position in Company: _____



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SPONSORSHIP

We are interested in Sponsoring DSA Events Yes/No

ATTACHMENTS

Attached to this application is a sample copy of our:

(As applicable)

Guarantees Product and/or Service ? Product/service Brochure ? Other Literature ?

On behalf of (Company Name) _____,

We apply for membership to the Direct Selling Association of New Zealand Incorporated having read, understood, and agree to abide by the Rules of the Association and adhere to its Code of Practice and agree to abide with decisions made in arbitration by the Associations Code Administrator.

We also declare that we have completed all information requested in this application truthfully, and to the best of our knowledge.

I understand that membership will be granted at the discretion of the Executive of the Association.

I understand that my membership fee is applicable for the calendar year irrespective of joining date ie No Pro-Rata of Annual fees is applicable.

Signature(s): _____

Position(s): _____

Date: _____