



## PROVISIONAL MEMBERSHIP

All companies, organisations and individuals wishing to become a member of FPANZ are required to join as a provisional member for a minimum of 12 months. This provisional period is required to be completed before being considered for the appropriate membership tier level based on staff numbers and services that are provided.

### Requirements for provisional application:

- › A provisional membership fee (equal to the applicable membership tier's annual fee) will be payable on acceptance of provisional membership application
- › A Code of Ethical Conduct Declaration
- › A letter/certificate of confirmation from your insurers to state that the company has an appropriate level of Professional Indemnity insurance for their needs and a minimum Public Liability of \$2 million
- › An introductory interview meeting via phone or Zoom with CEO and at least one Board member.
- › A completed declaration of endorsement by three current FPANZ members who have been full members of FPANZ for a minimum of 2 consecutive full financial years.
- › A completed form from two referees who are clients of the applicant

### Provisional conditions – All applications to go through a 12-month provisional period

- › Provisional period to last for 12 months from date of application and may be extended at the discretion of the Board
- › Provisional Members are not eligible to vote or hold office
- › A follow up interview meeting via phone or Zoom with CEO and at least one board member at the end of the provisional period
- › Full membership can be refused at the discretion of the Board at the conclusion of the provisional period

## COMPANY MEMBERSHIP TIER

For businesses providing fire protection services and/or products to the New Zealand market, and who wish to take a more active role within FPANZ. There are four levels of Company Membership based on employee numbers. These are Gold, Silver and Bronze, and Platinum by special application to the FPANZ Board.

All Company members and their staff agree to be bound by the FPANZ Code of Ethical Conduct and by the FPANZ Complaints and Disciplinary Procedure.

## PERSONAL MEMBERSHIP TIER

Personal Membership is generally suitable for sole traders and lifetime members. Personal membership is for anyone who is actively participating in the fire protection or fire safety industry and wishes to receive enhanced benefits and access to Special Interest Groups.

All Personal members agree to be bound by the FPANZ Code of Ethical Conduct and by the FPANZ Complaints and Disciplinary Procedure.



## PROVISIONAL MEMBERSHIP APPLICATION

### PROVISIONAL MEMBERSHIP

For businesses or sole-traders providing fire protection services and/ or products to the New Zealand market, and who wish to take a more active role within FPANZ.

All companies, organisations and individuals wishing to join FPANZ are required to join as a Provisional member for a minimum of 12 months. This provisional period is required to be completed before being reviewed for full membership.

FPA New Zealand offers a diverse range of benefits that add real value for our members. The Association is committed to advocating the importance of fire protection to policy makers while professionally representing the industry to the wider community.

There are four levels of membership available once the Provisional membership period has been completed and these are based on employee numbers. These are Gold Company, Silver Company, Bronze Company and Personal.

All Provisional members and their staff agree to be bound by the FPANZ Code of Ethical Conduct and by the FPANZ Complaints and Disciplinary procedure.

### ALL PROVISIONAL MEMBERS RECEIVE:

#### 】 **Newsletters and Electronic Updates.**

The full suite of targeted communications from FPA New Zealand including regular newsletters, all important industry announcements, press releases and events updates.

#### 】 **Conferences, Seminars and Workshops.**

Member discounts on event entry and exhibition fees.

#### 】 **Certificate.**

An electronic certificate of Provisional membership will be provided

#### 】 **Working group eligibility.**

Eligibility for nomination to FPANZ working groups, or nomination as a FPANZ representative on standards NZ committee representing FPANZ members.

#### 】 **Eligibility for Special Interest Groups.**

Eligible to attend Special Interest Group in accordance with the rules for the operation of Special Interest Groups.

# Provisional Membership Application



	Provisional	Personal	Bronze	Silver	Gold
<b>MEMBERSHIP BENEFITS</b>		1 person only	Price based on employee numbers	Price based on employee numbers	Price based on employee numbers
Newsletters & Electronic Updates	✓	✓	✓	✓	✓
Discounts on FPA Conferences, Seminars & Workshops	✓	✓	✓	✓	✓
Certificate	✓	✓	✓	✓	✓
Maximum No. of Special Interest Groups	As per appropriate membership tier	1 SIG	1 SIG	2 SIGs	3 SIGs
Max No. on each Special Interest Group	As per appropriate membership tier	1 position	1 position	1 position	2 positions
FireNZ or FPA Magazines	✓	✓	✓	✓	✓
Eligibility for Certified Contractor Status	✓	✓	✓	✓	✓
Use of FPANZ tier membership logo on Stationery, Website & Business Cards	✓	✓	✓	✓	✓
Receive discount on newsletter advertising	As per appropriate membership tier	5%	10%	15%	20%
Receive discount on FireNZ exhibition stand	5%	5%	5%	5%	5%
Eligible to vote		✓	✓	✓	✓
Eligible for nomination to FPANZ Council		✓	✓	✓	✓

» **FPANZ Supporting Partner.** For those stakeholders that wish to engage with the Association through sponsorship or other contribution please contact [info@fpanz.org](mailto:info@fpanz.org) or call 0800 037 269

<sup>1</sup> Listing of some products/services are subject to approval.

# Provisional Membership Application Form



- › All companies, organisations and individuals wishing to join FPA NZ are required to join as a Provisional member for a minimum of 12 months. This provisional period is required to be completed before being reviewed for appropriate membership tier level based on staff numbers and services that are provided.
- › Please note all subscriptions exclude GST and a tax invoice will be forwarded when your application is processed.

## FORM TO BE COMPLETED ELECTRONICALLY

### 1. TYPE OF PROVISIONAL MEMBERSHIP

For businesses providing fire protection services and/or systems and equipment. For businesses involved in more than one industry, please indicate below the number of employees in your company/organisation actually involved with fire protection.

**Note: If you wish to receive benefits outlined in a higher category you may upgrade after the provisional period**

<input type="checkbox"/> <b>One Person</b> <b>Personal</b> (\$450 per annum) I declare that the applying company is no more than one person and provides fire protection services or supplies fire protection systems and equipment. Signed _____ Date:     /     /	<input type="checkbox"/> <b>Max. of 4 Employees</b> <b>Company Bronze</b> (\$750 per annum) I declare that the applying company employs no more than four people and provides fire protection services or supplies fire protection systems and equipment. Signed _____ Date:     /     /	<input type="checkbox"/> <b>Max. of 14 Employees</b> <b>Company Silver</b> (\$1,600 per annum) I declare that the applying company employs no more than 14 people and provides fire protection services or supplies fire protection systems and equipment. Signed _____ Date:     /     /	<input type="checkbox"/> <b>15+ Employees</b> <b>Company Gold</b> (\$3,500 per annum) I declare that the applying company employs 15 or more people and provides fire protection services or supplies fire protection systems and equipment. Signed _____ Date:     /     /
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### 2. CONTACT DETAILS

Registered Company/ Business Name		<i>This name will be printed on the Membership Certificate.</i>	
Trading Name (N/A for Personal)		<input type="checkbox"/> Tick if this name preferred to be printed on certificate	
Title	First Name	Last Name	
Position			
Physical Address:			
		Postcode:	
Postal Address:		Postcode:	
Phone: (     )		Mobile:	
Company Email:			
Individual Contact Email:			

### 3. ADDITIONAL RECIPIENTS

If you would like additional staff members to receive newsletters and other communications from FPA, please attach a list of names and email addresses with this application.

### 4. SPECIAL INTEREST GROUPS

Representation on FPA NZ's Special Interest Groups (SIGs) is available to all company levels of membership. If you would like more information about the following SIGs, please tick the appropriate boxes:

- |  |  |
|--|--|
| <input type="checkbox"/> Sprinkler & Alarm Contractors Group | <input type="checkbox"/> Evacuation Consultants Group                |
| <input type="checkbox"/> Passive Fire Protection Group       | <input type="checkbox"/> Hand Operated Fire Fighting Equipment Group |

## 5. COMPANY DETAILS FOR WEBSITE AND NEWSLETTER LISTINGS (not applicable for personal membership)

**Please use details provided below:**  
*I acknowledge and give approval for the details provided below to be included in the membership listings found within the FPANZ website and newsletter.*

**Please do NOT list my company details on FPANZ website or newsletter listings**

Company Name		
Address		
Suburb	Postcode	Country
Email		
Phone (    )	Website	

If you wish to provide multiple physical addresses (branch locations) please submit a list to [info@fpanz.org](mailto:info@fpanz.org)

Please select the products/services your company undertakes and the coverage areas.

- |   |   |
|---|---|
| <input type="checkbox"/> Fire Alarm Contractors*  | <input type="checkbox"/> Upper North Island |
| <input type="checkbox"/> Sprinkler Contractors*   | <input type="checkbox"/> Lower North Island |
| <input type="checkbox"/> Evacuation Consultants*  | <input type="checkbox"/> North Island       |
| <input type="checkbox"/> Fire Engineering         | <input type="checkbox"/> Upper South Island |
| <input type="checkbox"/> Fire Extinguisher Agents | <input type="checkbox"/> Lower South Island |
| <input type="checkbox"/> Inspection Companies     | <input type="checkbox"/> South Island       |
| <input type="checkbox"/> Passive Companies        | <input type="checkbox"/> National           |

**Note:** For a detailed description of products/services, please visit [www.fpanz.org](http://www.fpanz.org)

\*Only FPA or Aon Certified Companies will appear in these listings and are subject to approval. Additional certification fees and assessment apply.

## 6. PAYMENT DETAILS

**Send Invoice**

**VISA**     **MASTERCARD**    *2.5% surcharge applies to credit card transactions.*    Amount

Card Number                         CCV       Exp. Date  /

Name on Card     Signature

Purchase Order

### Terms & Conditions

**FPANZ Logo:** All FPANZ members who wish to use and access the FPANZ membership tier status logo on business stationery, marketing collateral, and their website agree to be bound by the FPANZ terms of use clause. The FPANZ membership tier status logos are licensed to be used by any provisional member of FPANZ who has signed up to the FPANZ Code of Ethical Conduct and is fully compliant with all its requirements. The FPA trademarked corporate logo is not to be used by any entity without the written permission of the Chief Executive Officer and/or FPANZ Board.

**Code of Ethical Conduct:** By applying to become a provisional member of FPANZ you agree to, and are subject to the FPANZ Code of Ethical Conduct and the FPANZ Complaints and Disciplinary Procedures. This Code protects the integrity of the FPANZ brand by setting standards of behaviour expected of all Members in relation to their work and their dealings with customers, stakeholders, regulators,

other members and the public, and provides for a transparent policy and process to consider any complaints against any Member, consistent with current expectations of a professional body. To view the FPANZ Code of Ethical Conduct or Complaints and Discipline documents please visit:

<http://www.fireprotection.org.nz/about-us/fpanz/code-of-ethical-conduct>

**Privacy Policy:** FPA New Zealand respects the privacy and personal information of its members. Personal and business information is collected by the Association for the primary purpose of providing services to members and maintaining the membership register. FPA New Zealand aims to manage and protect personal information in accordance with national privacy guidelines recommended pursuant to the Privacy Act 1993.

## CHECKLIST:

**ALL ITEMS LISTED BELOW MUST BE ATTACHED TO THIS APPLICATION FOR MEMBERSHIP APPROVAL TO BE CONSIDERED.**

- |   |  |
|---|--|
| <input type="checkbox"/> Code of Ethical Conduct Declaration                            | <input type="checkbox"/> Copy of current Public Liability insurance and letter of confirmation of PI cover if required |
| <input type="checkbox"/> Certificate of Incorporation                                   | <input type="checkbox"/> THREE declarations of endorsement from FPANZ members  |
| <input type="checkbox"/> Profile of applicants business activities                      | <input type="checkbox"/> Two written references from clients   |
| <input type="checkbox"/> Brief CV of applicants Principal Director(s)/Senior Manager(s) |  |

**PLEASE EMAIL YOUR COMPLETED FORM TO:**

Fire Protection Association New Zealand | Email: [info@fpanz.org](mailto:info@fpanz.org) | Web: [www.fpanz.org](http://www.fpanz.org) | Ph: 0800 037 269





**FIRE PROTECTION ASSOCIATION (NZ) INCORPORATED**  
**ACCEPTANCE OF THE FPANZ CODE OF ETHICAL CONDUCT**

I/we, the undersigned representative, certify that I/we have read the Fire Protection Association (New Zealand) Incorporated (“FPANZ”) Code of Ethical Conduct (“Code”) governing all members of FPANZ, and agree to conduct my/our business affairs and relationships in compliance with that Code.

In making this declaration, I/we understand and acknowledge that failure to abide by the Code, as interpreted by the FPANZ Board, may subject me/us to the Complaints and Disciplinary Procedures of FPANZ, and may be considered grounds for termination of my/our membership of FPANZ.

Until confirmation of acceptance as a member of FPANZ I/we agree not to use any FPANZ logos, and not to state, infer or imply that I/we are members of, or affiliated to, FPANZ in any manner.

Should I/we cease to be a member of FPANZ I/we further agree to return, upon demand, all FPANZ membership certificates and other FPANZ membership identification items, and that I/we will thereafter cease any use of the FPANZ logo, and not state, infer or imply that I/we are members of, or affiliated to, FPANZ in any manner.

I/We declare that I/we have selected an appropriate membership tier accurately reflecting the number of employees in our organization who are engaged in the provision of fire protection services or the supply of fire protection systems and equipment.

I/we also hereby consent to FPANZ publishing the fact of my/our having made this declaration.

Full Name:.....

Company Name:.....

Position Title:.....

Signature:.....

Date: .....

**NOTE:**

For a New Zealand registered company, this declaration must be signed by a Director.

For an overseas company, this declaration must be signed by the most senior NZ-based manager.

# Fire Protection Association New Zealand

## Provisional Membership ENDORSEMENT FORM

*(THREE REQUIRED FOR APPLICATION)*

*These can not also act as the client referees*

- › All companies, organisations and individuals wishing to join FPANZ are required to join as a Provisional member for a minimum of 12 months. This provisional period is required to be completed before being accepted to the appropriate membership tier level based on staff numbers and services that are provided.
- › As a condition of Provisional membership application, a completed declaration of endorsement by three current FPANZ members who have been members of FPANZ for a minimum of 2 consecutive full financial years will be required.
- › Endorsing members must have been a Full Member for two years to be able to complete endorsement form.

### FORM TO BE COMPLETED ELECTRONICALLY

#### ENDORSEMENT FOR PROVISIONAL MEMBERSHIP OF FPANZ

I/we, the undersigned, hereby endorse:

Provisional Membership

Applicant:

\_\_\_\_\_  
(Company/Personal Name)

Endorser:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Signature)

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD/MM/YYYY)

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(Name)

\_\_\_\_\_

(Company Name)

\_\_\_\_\_

(Signature)

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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(Company/Personal Name)

Endorser:

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Company Name)

\_\_\_\_\_

(Signature)

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

(DD/MM/YYYY)

# Fire Protection Association New Zealand

## Provisional Membership CLIENT REFEREE FORM

*(TWO REQUIRED FOR APPLICATION)*

*THESE CANNOT BE THE SAME AS FPA MEMBERS USED FOR ENDORSEMENT*

- ▶ All companies, organisations and individuals wishing to join FPA NZ are required to join as a Provisional member for a minimum of 12 months. This provisional period is required to be completed before being accepted to the appropriate membership tier level based on staff numbers and services that are provided.
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### FORM TO BE COMPLETED ELECTRONICALLY

#### DETAILS OF RELATIONSHIP WITH APPLICANT:

Provisional Membership  
Applicant:

\_\_\_\_\_  
(Company/Personal Name)

Details of Referee  
Relationship with  
Applicant:

\_\_\_\_\_  
\_\_\_\_\_

Referee

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Signature)

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD/MM/YYYY)

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Applicant:

\_\_\_\_\_  
(Company/Personal Name)

Details of Referee  
Relationship with  
Applicant:

\_\_\_\_\_  
\_\_\_\_\_

Referee

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Signature)

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD/MM/YYYY)