

# Application for Membership

Gas Association of NZ (Inc)

Name of Company: ………………………………….…….Contact person: ……….…………………………

Address: ……………………………………………………….…………………………….……………………...

City: ……………………………………………. Postcode: …………………

Phone: ……………………... E-mail: ….……………….……………………

**Membership Category:** (please tick one)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Gas Wholesaler 🞏 |  | Gas Equipment Suppliers 🞏 |
|  | Gas Retailer 🞏 |  | Gas Network Contractor 🞏 |
|  | Transmission Pipelines Owner/ Operator 🞏 |  | Other Interested Party 🞏 |
|  | Distribution Networks Owner/ Operator 🞏 |  | Associate Member 🞏 |
|  | Major Gas User 🞏 |  |  |

**Membership Entitlements**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Gas Wholesaler | Gas Retailer | Transmission Pipeline owner/ Operator | Distribution Netowrk owner/ Operator | Major Gas User | Gas Equipment Suppliers | Gas Network Contractor | Other Interested Party | Associate Member |
| Eligibility for nomination to the GANZ Board (one Board seat per membership category) | x | x | x | x | x |  |  |  |  |
| Single category Board representation |  |  |  |  |  | x |  |  |  |
| AGM voting rights | x | x | x | x | x | x | x | x |  |
| Listing on the Association website | x | x | x | x | x | x | x | x |  |
| Eligibility for representation on GANZ sub-committees eg. Technical Advisory Group & Training Committee | x | x | x | x | x | x | x | x |  |
| Members-only website access | x | x | x | x | x | x | x | x |  |
| The right to raise issues for Board discussion | x | x | x | x | x | x | x | x |  |
| Free subscription to Gasline e-zine | x | x | x | x | x | x | x | x | x |
| The right to ask for information and guidance on legislation, standards and codes | x | x | x | x | x | x | x | x |  |
| Annual Report | x | x | x | x | x | x | x | x | x |

**Please Complete and return to:** Gas Association of NZ

PO Box 25 414, Wellington 6146

or email: admin@ganz.org.nz

Further Information: (04) 472 9220