



THE NEW ZEALAND ASSOCIATION OF

registered beauty therapists
INC.



PO Box 62528, Greenlane, Auckland 1546

Tel: (09) 918 6347 • Fax: (09) 918 6342 • Email: info@beautynz.org.nz • www.beautynz.org.nz

DISTRIBUTOR Membership Application

COMPANY DETAILS:

Business Name:

Business Address:

.....Post Code:

Mailing Address:

.....Post Code:

Telephone (bus): Fax:

Email Address:

CONTACT PERSON DETAILS:

First Name:Last Name:

Telephone:Mobile:

Company Designation:

The following conditions apply to DISTRIBUTOR Membership:

NZARBTh application for Distributor Member must be accompanied by evidence of a summary of products distributed to the Beauty Therapy industry by the applicant company.

NZARBTh Executive Committee must pre-approve all new products to be advertised in BeautyNZ.

Advertising in BeautyNZ is limited to products sold as **'professional only'** (i.e. sold only to Beauty Therapists)

Trade references are to be supplied.

I certify that all statements made by me are true and correct. As an NZARBTh member, I will familiarize myself with the Code of Practice, Rules and Regulations and Code of Ethics of the New Zealand Association of Registered Beauty Therapists Inc.

I agree to abide by and uphold the NZARBTh Code of Practice and Rules and Regulations for the good of the Beauty Therapy profession.

If, for whatever reason, I resign from the NZARBTh, I agree to discontinue displaying the distributor Membership Certificate and to refrain from the use of "Member of the New Zealand Association of Registered Beauty Therapists Inc" and "MNZARBTh" when advertising, or discontinuing using such entitlements according to my level of membership as outlined in the Rules and Regulations.

Signed by Applicant: **Date:**

OFFICE USE ONLY:

Date received by Association Secretary:

COMPANY PRODUCT LIST / EVIDENCE SUPPLIED:

Details:

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Authorised by

MEMBERSHIP COORDINATOR

PRESIDENT

Name: Name:

Signature: Signature:

Date Accepted:

Applicant approved as **Member**