



THE NEW ZEALAND ASSOCIATION OF

registered beauty professionals
INC.



PO Box 62528, Greenlane, Auckland 1546
Tel: (09) 579 9704 • 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:

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

NZARBP 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 NZARBP member, I will familiarize myself with the Health & Hygiene Guidelines, 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 NZARBP Health & Hygiene Guidelines and Rules and Regulations for the good of the Beauty Therapy profession.

If, for whatever reason, I resign from the NZARBP, 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 Professionals Inc*" and "*MNZARBP*" 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**