

MEMBERSHIP

HITO Membership Application Form

for new members only





Your Personal Details

Please complete your personal details below. If you are completing this form on behalf of an organisation, use this space to complete the personal details of the contact person for that particular organisation.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|-------------------------------|---------------------------------|---------------|----------------------|----------------------|---|----------------------|----------------------|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| Your First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Home Address | | | | | | | | | | | | | | | | | | | | | | | | | Post Code | | | | |
| Home Phone | | | | | | | | | Cellphone | | | | | | | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Date of Birth | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Communications (Please refer to paragraph 6 of the Membership Declaration)

I **do not** wish to receive any of the following information:

- Information and activities relating to HITO.
- Information about the products and services of sponsors or funders of HITO.

Completed Form

Please return this completed form by post to: HITO Members, PO Box 11764, Wellington 6142 or by email to members@hito.org.nz

Membership Category

Please complete the section of the category for which you are applying. You should complete only one section.

Employer Member (full membership) \$100

(Please **do not** complete if you are already in a current HITO Training Agreement)

An employer member is an organisation which employs or contracts one or more persons to provide hairdressing, beauty and/or barbering services OR a person who is a sole business operator and provides such services. For example, a local hairdressing salon.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|
| Business Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Address | | | | | | | | | | | | | | | | | | | | | | | | | Post Code | | | | |
| Business Phone | | | | | | | | | Cellphone | | | | | | | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Type of business (please tick one only)

- Company Incorporated Trust Incorporated Society Partnership

Other (please state)

Are you a sole business owner? Yes No Your IRD number

Individual Member (associate membership) \$100

A person who has an interest in the barbering, beauty and/or hairdressing industries.

Family member of a person involved in the barbering, beauty and/or hairdressing industries.

Customer in the barbering, beauty and/or hairdressing industries.

Other (please state)



Association Member (associate membership) \$100

An incorporated, not-for-profit organisation that represents people or organisations in the hairdressing, beauty and/or barbering industry. For example, The New Zealand Association of Registered Beauty Therapists Inc.

Organisation Name

Business Address Post Code

Business Phone Cellphone

Email Address

Type of business (please tick one only)

Company Incorporated Trust Incorporated Society Partnership

Other (please state)

If this is your first application, we need to view evidence that you are incorporated e.g. your Certificate of Incorporation and a copy of your most recent Constitution. Please include a copy of both documents with this application form and tick the box.

I have included a copy of the Association's Certificate of Incorporation and a copy of the most recent Constitution

Education Member (associate membership) \$100

An education or training provider that supplies education and training products, or services, to the hairdressing, beauty and/or barbering industry. For example, a secondary or tertiary institution.

Institution Name

Institution Address Post Code

Institution Phone Cellphone

Email Address

Type of educational institute (please tick one only)

Secondary Tertiary (State) Tertiary (Private) Wananga

Other (please state)

Corporate Member (associate membership) \$100

A corporate member is an organisation that supplies and/or manufactures products or services to the barbering, beauty and/or hairdressing industries, or other industries associated with HITO. For example a beauty product manufacturer.

Organisation Name

Business Address Post Code

Business Phone Cellphone

Email Address

Type of business (please tick one only)

Company Incorporated Trust Incorporated Society Partnership

Other (please state)



For new memberships
Membership Application

Employee Member (associate membership) \$30

(Please **do not** complete if you are already in a current HITO Training Agreement).

You are an employee (or contractor) of an organisation which employs (or contracts) one or more persons to provide hairdressing, beauty and/or barbering services, (provided such person[s] is not a trainee). For example, an employee of a beauty or hairdressing salon.

Business Name

Business Address

Business Phone Cellphone

Email Address

Student Member (associate membership) \$10

An individual enrolled in a hairdressing, beauty and/or barbering course at a secondary or tertiary institution (provided they are not yet employed in the hairdressing, beauty or barbering industry). For example, a student at Auckland University of Technology.

Institution Name

Enrolled Course

Consent for under 18 Year Old Applicants (please complete if applicant is under 18 years of age)

I am the parent / guardian / caregiver of the applicant who is under 18 years of age. I have read and understood the attached Membership Declaration and I consent to the applicant's Membership Application on the basis set out in this Membership Application Form and Membership Declaration

I also consent to my name and contact details, as detailed below, being collected, held, and used, as the parent / guardian / caregiver of the applicant in accordance with the purposes set out in paragraph 6 of the attached Membership Declaration, or, for contacting me in case of an emergency involving the applicant.

First Name

Last Name

Address

Home Phone Cellphone

Email Address

Parent Guardian Caregiver Other (please specify)

Signature of parent/guardian/caregiver of the applicant

Signature / /

Membership Declaration (All applicants 18 years and older please sign here)

I have read, and understand, this Membership Application Form and the Membership Declaration (over page)

Signature / /



For new memberships

Membership Application - Membership Declaration

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1. DECLARATION

I declare that I have authority to complete and sign this Membership Application Form and that all information supplied on it is true and correct. If any of this information changes, I acknowledge that I will notify HITO of the changes, in writing, as soon as possible after they occur. If any of the information I have provided is not true or is misleading, I acknowledge that my membership may be terminated at the discretion of HITO.

2. TERMINATION

I understand:

- a. I may resign from my membership in accordance with the HITO Constitution.
- b. HITO may terminate my membership in accordance with the HITO Constitution.

3. BOUND BY RULES

I will be bound by the HITO Constitution, Regulations, policies, manuals, and reasonable directions of HITO.

4. NO LIABILITY

I will not hold HITO, or its respective officers or employees, responsible for any claims, losses, expenses and costs (including legal costs) which may arise from or in connection with, my membership except in the case of gross negligence or a wilful act or omission on the part of HITO.

5. INDEMNITY

I indemnify HITO, and its respective officers or employees, from all claims, losses and expenses (including legal costs) suffered or incurred at any time as a result of, or resulting directly or indirectly from, my failure to observe the HITO Constitution, Regulations, policies, manuals, guidelines and reasonable directions of HITO.

6. PRIVACY

I agree that HITO, and its respective officers or employees, can collect, hold, use and disclose my personal information as provided on the Membership Application Form (and any updated or additional personal information HITO obtains from me whilst a Member, including any photo or other record of my image) for the purposes of:

- a. processing my application for membership including notifying HITO of the information on this form so HITO can compile a register of members, compile a national database of members (accessible only in accordance with the Constitution and Regulations of HITO), and request me to renew if my membership lapses;
- b. including my photograph or other imagery on the HITO website, in newsletters, annual reports, or similar official publications;
- c. if I agree (by not ticking the appropriate box in the Membership Application Form), providing me with information and activities relating to HITO;
- d. if I agree (by not ticking the appropriate box in the Membership Application Form), enabling HITO to contact me with information about the products and services of sponsors or funders of HITO;
- e. enabling HITO to comply with any statute, regulation, by-law or other regulatory instrument that requires collection or disclosure of personal information;
- f. retaining the information provided on this form (as an inactive member) if my membership lapses for a maximum period of 3 years for the above purposes; and
- g. any other purpose I agree to in writing.

7. USE, SECURITY & ACCESS

I understand that my personal information will only be used for the purposes listed in paragraph 6 above and in accordance with the HITO Constitution and Regulations, and that, in accordance with the Privacy Act 1993:

- a. my personal information will be held securely;
- b. I will have access to my personal information; and
- c. my personal information will be corrected upon my request.

8. CONTINUED MEMBERSHIP

I understand that upon payment of my membership fee(s) (if any), if I am accepted to membership, I will become a member of HITO and that by paying such fee(s) and renewing my membership by the due date provided in each annual renewal invoice, I will continue to be a member of HITO for the duration of my membership as specified in accordance with the Constitution unless I resign or my membership is terminated. While I am in a training agreement, my membership will be renewed annually and no fee will be charged.

9. INTERPRETATION

Every reference to "I" and "my" in this document includes the applicant and the parent/guardian/caregiver of the applicant (if applicable). All definitions in this document have the same meaning as set out in the HITO Constitution.

A copy of the HITO Constitution is available on the HITO website www.hito.org.nz/members
For additional information please contact: HITO Members, PO Box 11764 Wellington 6011, New Zealand
Ph: 04 499 1180 Fx: 04 499 3950 Em: members@hito.org.nz



For new memberships

Membership Pricing & Payment

Payment Information

- Any fees due must be paid for a membership to be valid.
- You may pay by
 - Cheque (payable to HITO)
 - Direct credit at **WESTPAC BANK 03-0502-0096479-00.**
 - Invoice directly to your business
 - Credit Card (mastercard or visa)
- If paying by direct credit please ensure that the reference for the transaction is your cellphone number or your NSI number.
- HITO reserves the right to amend this fee.
- HITO fees are not refundable.

Membership Fee

Membership fees are payable annually on the date of your joining, and your membership anniversary in each subsequent year. Fees are current as at 1 June 2012 and are subject to change in accordance with the Constitution.

| Member Category | Fee |
|-----------------|-------|
| Employer | \$100 |
| Association | \$100 |
| Education | \$100 |
| Corporate | \$100 |
| Individual | \$100 |
| Employee | \$30 |
| Student | \$10 |

Payment Type

DIRECT CREDIT I have credited the following \$ Reference

CHEQUE please find enclosed a cheque for \$

INVOICE please invoice my business for \$

Your Name

Business Name

Business Address

Post Code

CREDIT CARD please charge my credit card \$ visa mastercard

Name on card Expiry date /

Card Number - - - CCV

Cardholder signature

Renewals & Your Details

One month before the anniversary of your membership, we will send you an invoice to renew. This is an excellent time to check your contact details.

You can change you contact details at any time by emailing members@hito.org.nz