**BODY CORPORATE CHAIRS’ GROUP INC.**

**MEMBERSHIP APPLICATION FORM/INVOICE**

BCCG’s financial year is from 1 July to 30 June.

**Branch membership -** All members elect to be aligned with either the Wellington or Auckland branch.

Financial membership provides free attendance at branch meetings and access to resources from all branches.

Casual and Non-Financial members cannot access member resources.

**Membership fee** (no GST payable)**: *Please tick the appropriate box in the table below***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Membership Type** | **Wellington Branch** | | | | **Auckland Branch** | | | |
| Body Corporate |  | 2-9 units |  | 10+ units |  | 2-9 units |  | 10+ units |
| $50 | $100 | $50 | $100 |
| Associate (individual) |  | $50 | | |  | $50 | | |
| Associate (company) |  | $200 | | |  | $200 | | |
| Casual |  | $0 | | |  | $0 | | |

Please send the form to The Secretary:

* **Auckland branch** – PO Box 911 151, Auckland 1142, and bank funds on-line to 06 0507 0243976 32

**or**, email the form to [auckland.treasurer@bccg.org.nz](mailto:auckland.treasurer@bccg.org.nz) and an invoice will be sent to you.

* **Wellington branch** – PO Box 9219, Wellington 6141, and bank funds on-line to 06 0507 0243976 30

**or**, email the form to [wellington.treasurer@bccg.org.nz](mailto:wellington.treasurer@bccg.org.nz) and an invoice will be sent to you.

**BODY CORPORATE DETAILS**

BC name:

BC number:

Physical address:

...

**CONTACT DETAILS,** (BCor Associate)

Name:

Email:

Contact phone:

Contact is the BC Chair: Y / N

**BC PROPERTY DETAILS**

Is it Company Share? Y / N

Is it Time Share? Y / N

Is it Cross Lease? Y / N

Is it a Residents’ Society? Y / N

Year building was constructed:

Number of residential units:

Number of commercial units:

Number of retail units:

Number of garages (principal units):

**Other Areas of Special Interest.**   
*(This info assists with BCCG communications)*

My BC has a registered heritage status Y / N

My BC is earthquake prone Y / N

My BC has leaky building issues Y / N

My BC has ground issues Y / N

My BC is GST Registered Y / N

*If applicable, provide details of:*

**YOUR BC MANAGMENT COMPANY**

Company name:

Company Contact name:

Company Contact email:

Company Contact phone:

*If applicable, provide details of:*

**ASSOCIATE (Company) DETAILS**

Company name:

Nature of Business:

Physical address: