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 the Wellington, Auckland or South Island branch. Financial membership provides access to information and support and on-line resources from all branches.

Membership fee and Branch (no GST payable), please tick the appropriate boxes in the tables below:

Membership Type

| Body Corporate 2-9 Units | \$75 | |
|---------------------------------|-------|--|
| Body Corporate 10 or more Units | \$150 | |
| Associate (company) | \$300 | |
| Associate (individual) | \$75 | |

| Wellington | |
|--------------|--|
| Auckland | |
| South Island | |

Please email the form to The Secretary of your chosen branch, and bank funds on-line to 06 0507 0243976 28 or, email <u>accounts@bccg.org.nz</u> and an invoice will be sent to you.

Addresses details are:

- Auckland branch email: abccgadmin@bccg.org.nz
- Wellington branch email: <u>bccg@bccg.org.nz</u>
- South Island branch email: <u>southisland.chair@bccg.org.nz</u>

Note: Your membership will be activated upon payment of your invoice. Access to Member Resources may be suspended until your payment is received.

BODY CORPORATE DETAILS

| BC name: | |
|------------------|----|
| BC number: | |
| Physical address | 5: |
| | |

CONTACT DETAILS, (BC or Associate)

| Name: | | ••••• |
|---------|------------------|-------|
| Email: | | |
| Contact | phone: | |
| Contact | is the BC Chair: | Y / N |

BC PROPERTY DETAILS

| Is it a Residents' Society? | Y / N |
|--------------------------------------|-------|
| Is it Company Share? | Y / N |
| Is it Time Share? | Y / N |
| Is it Cross Lease? | 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 | 2: |
| Company Contact emai | l: |
| Company Contact phon | e: |
| If applicable, provide de | etails of: |

ASSOCIATE (Company) DETAILS

| Company name: | |
|--------------------|---|
| Nature of Business | : |
| Physical address: | |
| | |