

BODY CORPORATE COMMUNITIES' GROUP

MEMBERSHIP APPLICATION FORM/INVOICE



Completion and submission of this form is confirmation that the applicant consents to becoming a member of BCCG and will abide by the BCCG Constitution.

Currently BCCG has three branches, Wellington, Auckland and South Island (Christchurch). All members will be enrolled in the branch nearest their physical address.

BCCG's financial year is from 1 July to 30 June. Access to online Member Resources including information and support is available to financial members.

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

Membership Type		
Body Corporate 2-9 Units	\$75	<input type="checkbox"/>
Body Corporate 10 or more Units	\$150	<input type="checkbox"/>
Associate (company)	\$300	<input type="checkbox"/>
Associate (individual)	\$75	<input type="checkbox"/>

Branch:	
Wellington	<input type="checkbox"/>
Auckland	<input type="checkbox"/>
South Island	<input type="checkbox"/>

When completed, email this form to The Treasurer accounts@bccg.org.nz, and an invoice be sent to you.

Note: Your membership will be activated upon payment of your invoice.
 Access to Member Resources may be suspended until your payment is received.
 Your membership renewal will fall due on the anniversary of your joining BCCG.

BODY CORPORATE DETAILS

BC name:

BC number:

Physical address:

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CONTACT DETAILS, (BC or Associate)

Name:

Email:

Contact phone:

Contact is the BC Chair: Y / N

BC PROPERTY DETAILS

Is it a Resident's Society? Y / N

Is it a Residential Company? 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:.....

Company Contact email:

Company Contact phone:

If applicable, provide details of:

ASSOCIATE (Company) DETAILS

Company name:

Nature of Business:

Physical address:

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