



CTLA
CYLINDER TESTING LABORATORY
ASSOCIATION OF NEW ZEALAND (Inc.)

MEMBERSHIP APPLICATION FORM

I/We wish to apply for Membership of the Cylinder Testing Laboratory Association of NZ (CTLA)

COMPANY NAME _____

PHYSICAL ADDRESS _____

POSTAL ADDRESS _____

PHONE _____

EMAIL _____

CONTACT NAME _____

I/We agree to abide by the Constitution of the Association and to pay such annual membership fee as set at the Annual General Meeting.

2024-25 Full Membership : \$550 (inc GST)

Full Member shall be a person or organisation involved in Gas Cylinder Testing, shall have full voting rights, be eligible for election to the Committee and shall receive all information issued by the Association.

2024-25 Associate Membership : \$325 (incl GST)

Associate Member shall be a person or organisation with an interest in Gas Cylinder Testing, shall NOT be eligible for election to the Committee nor have voting rights.

Name: (Please Print): _____ Signed: _____

Position or Title : _____ Date: _____

PO Box 14115
K Mart Plaza
Hastings 4159

Donna O'Connor
Secretary/Treasurer

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