



Direct Selling Association  
of New Zealand

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New Zealand  
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**APPLICATION FOR MEMBERSHIP Page 1**

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

TRADING NAME: \_\_\_\_\_  
(If different)

TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Page: www \_\_\_\_\_  
(If Available)

**COMPANY DETAILS:**

Date and Place of Incorporation: \_\_\_\_\_

Names and Addresses of Directors and Shareholders, also please list share holdings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Paid Up Capital: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch

\_\_\_\_\_

Accountant's Name and Address: \_\_\_\_\_

Solicitor's Name and Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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**APPLICATION FOR FULL MEMBERSHIP Page 3**

**COMPANY AFFILIATIONS** (as applicable)

What relationship does your New Zealand Company have to any parent or sister company overseas? Is it fully owned, partly owned, a division, a subsidiary, a licensee.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your parent/sister company a member of the D.S.A. in another country(s)?

State **where:** \_\_\_\_\_

Is your **membership** Full, Provisional, Supplier, Other? (State which) \_\_\_\_\_

**Who is or will be your representative to the D.S.A.N.Z:**

Name in Full: \_\_\_\_\_

Position in Company: \_\_\_\_\_

**COMPANY PRODUCTS SOLD OR SERVICES PROVIDED**

List types of goods or services: \_\_\_\_\_

\_\_\_\_\_

List any unique brand names: \_\_\_\_\_

Please supply a small sample of your literature for file information

**PRODUCT SOURCE**

Own local manufacture \_\_\_\_\_%  
Local Purchase \_\_\_\_\_%  
Imported \_\_\_\_\_%

**SERVICE LOCATION** (Give percentage if service provided)

Services provided entirely within New Zealand \_\_\_\_\_%  
Services provided from outside of New Zealand \_\_\_\_\_%

**SALES METHODS**

Door to Door ?      Party Plan ?      Multilevel Reward ?      Catalogue ?

Free Demonstration ? Other ? (Describe) \_\_\_\_\_

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## APPLICATION FOR FULL MEMBERSHIP Page 4

### ATTACHMENTS

Attached to this application is a sample copy of our:

Guarantees Product and/or Service ? Product/service Brochure ? Other Literature ?

**On behalf of** (Company Name) \_\_\_\_\_,

We apply for membership to the Direct Selling Association of New Zealand Incorporated having read, understood, and agree to abide by the Rules of the Association and adhere to its Code of Practice and agree to abide with decisions made in arbitration by the Associations Code Administrator.

We also declare that we have completed all information requested in this application truthfully, and to the best of our knowledge.

I understand that full membership will be granted after two years from application subject to trading record and that full membership may be granted earlier on the basis of record and other DSA membership subject to the discretion of the Executive of the Association.

I understand that my membership fee is applicable for the calendar year irrespective of joining date ie No Pro-Rata of Annual fees is applicable.

**Signature(s):** \_\_\_\_\_

**Position(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_