

MEMBER DETAILS QUESTIONNAIRE

Dear member, please take some time to complete this questionnaire, so that we can be sure that your details in our database are correct. You need only complete those parts that are applicable.

CONTACT DETAILS

Company Name				
Point of Contact				
Company Street Address	Street Address			
	Suburb			
	City		Post Code	
Company Postal Address	Post Box or Private Bag			
	Mail Centre			
	City		Post Code	
Company Communication	Company No.		Company Fax	
	Direct Dial No.		Mobile	
	Email Address		Website	
Your name	Title		First Name	
	Middle Name		Surname	
Your Street Address	Street Address			
	Suburb			
	City		Post Code	
Your Postal Address	Post Box or Private Bag			
	Mail Centre			
	City		Post Code	
Personal Communication	Home No.		Home Fax	
	Mobile		Email Address	
Other	EWRB Reg. No.		Practicing Licence No.	
	Best Time to Call		Best Place to Call	
What is the name of the city/main centre closest to you?				
Which Email Address Must We Use For Your Insight Newsletter		Delete whichever is not applicable: WORK / HOME / OTHER (if OTHER, enter below)		

PLEASE TURN OVER → →

Please tick the appropriate box that best describes your company or organisation

MEMBER CLASSIFICATION	
<input type="checkbox"/>	Association
<input type="checkbox"/>	Distributor
<input type="checkbox"/>	Finance Dealer
<input type="checkbox"/>	Parts Distributor
<input type="checkbox"/>	Aerial Installer
<input type="checkbox"/>	Media
<input type="checkbox"/>	Overseas
<input type="checkbox"/>	Retailer
<input type="checkbox"/>	Retailer with Service Department
<input type="checkbox"/>	Service Dealer
<input type="checkbox"/>	Service Dealer with Retail Outlet
<input type="checkbox"/>	Support Services
<input type="checkbox"/>	Training Provider

REGION – Based on NZ Provincial Holidays	
<input type="checkbox"/>	Auckland
<input type="checkbox"/>	Taranaki
<input type="checkbox"/>	Hawke’s Bay
<input type="checkbox"/>	Wellington
<input type="checkbox"/>	Marlborough
<input type="checkbox"/>	Nelson
<input type="checkbox"/>	Canterbury
<input type="checkbox"/>	Westland
<input type="checkbox"/>	Otago
<input type="checkbox"/>	Southland

SERVICE CATEGORY	
<input type="checkbox"/>	Electronics
<input type="checkbox"/>	Small Appliances
<input type="checkbox"/>	Whitegoods
<input type="checkbox"/>	Aerials
<input type="checkbox"/>	Whitegoods and Electronics
<input type="checkbox"/>	Other – Please Specify

BUYING GROUP	
<input type="checkbox"/>	100% YES
<input type="checkbox"/>	Appliance Connexion
<input type="checkbox"/>	Betta Electrical – Branded
<input type="checkbox"/>	Betta Electrical – Unbranded
<input type="checkbox"/>	Retravisision – Branded
<input type="checkbox"/>	Retravisision – Unbranded
<input type="checkbox"/>	Whiteware
<input type="checkbox"/>	Independent
<input type="checkbox"/>	Other – Please specify

Are you a multiple outlet? No Yes How Many? _____

Do you employ service staff? Yes No How Many? _____

How many are registered? _____ How many have practicing licences? _____

Do you employ apprentices? Yes No How Many? _____

If we were to have a meeting in your area (at the city/centre that you identified as closest to you), would you attend? Yes No

Please state three benefits in order of most desired to least desired that you would like to see the Association deliver to its members

1. _____
2. _____
3. _____