



National Office: PO Box 33 369, Petone: Phone: 04 939 9134 Fax: 04 939 9135 Email: admin@nzplm.co.nz
Web site www.nzplm.co.nz

APPLICATION FOR MEMBERSHIP

Please complete this form and mail it to National Office. Complete details on the reverse of this form if further space is required.

PERSONAL DETAILS

I agree to my name and address being used for contact purposes by the Institute only.

Full Name: <i>(please print)</i>			
Title:	Preferred First Name	Date of Birth:	
Address:			
Contact Numbers:	<i>work:</i> ()	<i>home:</i> ()	<i>mobile:</i> ()
	<i>fax:</i> ()	<i>fax:</i> ()	<i>email:</i>
<i>Two Nominators who must be financial members of the Institute:</i>	Name: <i>(please print)</i>		Name: <i>(please print)</i>
	(We nominate this applicant as a suitable and proper person to be a member of the Institute.)		
	Signature:		Signature:

CURRENT JOB TITLE	EMPLOYER

EDUCATIONAL QUALIFICATIONS

Date	University/Institution	Qualifications

EMPLOYMENT HISTORY

Date: From/To:	Position Held and Nature of Work

DECLARATION: I declare that the particulars herein contained are true in every respect and that if accepted as a member I agree to abide by the rules and code of ethics of the Institute.

Date: _____

Signed: _____

Note: A copy of the rules and code of ethics of the Institute are available from the National Office if required.

EMPLOYMENT HISTORY

Date: From/To	Position Held and Nature of Work

ADDITIONAL COMMENTS IF REQUIRED:

CATEGORY RECOMMENDATIONS:	BRANCH	EXECUTIVE
SIGNED BY:		