



NZ Institute of
**PRIMARY INDUSTRY
MANAGEMENT**

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

APPLICATION FOR STUDENT MEMBERSHIP

Please complete this form and mail it to National Office.

PERSONAL DETAILS:

I agree to my name and address being used for contact purposes by the Institute only.
Please fill in all your contact details. We will let you know of events of interest.

FULL NAME: (please print)	
DATE OF BIRTH:	
ADDRESS WHILE STUDENT:	
EMAIL ADDRESS:	
HOME ADDRESS:	
UNIVERSITY/COLLEGE:	
DEGREE/DIPLOMA SOUGHT:	

COURSE OF STUDY:

EXPECTED GRADUATION DATE:	WHAT AREA OF THE PRIMARY INDUSTRY ARE YOU INTERESTED IN?

EMPLOYMENT HISTORY:

DECLARATION: I declare that the details above are true and correct in every respect and that I will abide by the rules and code of ethics of the Institute.

SIGNED: _____

DATE: _____

Post to: National Office: PO Box 33 369, Petone