

APPLICATION FOR ASSOCIATE MEMBERSHIP

NZIPIIM, PO Box 5304, Wellington 6145, Phone: 04 939 9134

Email: admin@nzipim.co.nz Website www.nzipim.co.nz

PERSONAL DETAILS

Please fill in your contact details

Full Name: (please print)		
Preferred First Name:		Date of Birth:
Ethnicity / Iwi affiliation		
Address:		
Contact Numbers:	Work:	Mobile:
Email – Work:		
Email – Personal:		

EDUCATIONAL QUALIFICATIONS

Date	University/Institution	Qualifications

CURRENT OCCUPATION

Job Title:	
Employer:	

EMPLOYMENT HISTORY

Date:	Job Title:	Employer:

- I would like to receive The Journal as a digital copy only.
- I agree to my profile being public on the NZIPIIM member search.

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.

By completing and submitting this form I agree to my name and address being used by the Institute for contact purposes only and that a membership fee will be invoiced to me.

Date: _____ Signed: _____

Note: A copy of the Rules and Code of Ethics of the Institute are available from the website (www.nzipim.co.nz)

Please email completed form to admin@nzipim.co.nz