



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

Please fill in your contact details

| | | |
|---------------------------|-------|----------------|
| Full Name: (please print) | | |
| Preferred First Name: | | Date of Birth: |
| 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: |
|-------|------------|-----------|
| | | |
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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 website (www.nzipim.co.nz)

Please email completed form to admin@nzipim.co.nz or post to the address above