

## APPLICATION FOR MEMBERSHIP

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

Email: [admin@nzipim.co.nz](mailto:admin@nzipim.co.nz) Website [www.nzipim.co.nz](http://www.nzipim.co.nz)

*Please complete this form and send it to NZIPIIM.*

**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:		
Nominations <i>Two Nominators must be financial members of the Institute:</i>	We nominate this applicant as a suitable and proper person to be a member of the Institute.	
	Name: (please print)	Name: (please print)
	Signature:	Signature:

### CURRENT OCCUPATION

Job Title:	
Employer:	

### EDUCATIONAL QUALIFICATIONS

Date	University/Institution	Qualifications

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

**If further space is required, please complete a separate page**

PTO

**EMPLOYMENT HISTORY**

Date (From/To)	Position Held and Nature of Work

**ADDITIONAL COMMENTS IF REQUIRED**

**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: \_\_\_\_\_

Please email completed form to [admin@nzipim.co.nz](mailto:admin@nzipim.co.nz) or post to the address above

**NZIPIIM to complete**

Category Recommendations	Branch	Executive
Authorised by:		