



# APPLICATION FOR STUDENT MEMBERSHIP

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

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

Please fill in your contact details and we will keep you up to date with events in your area.

Full Name: (please print)			
Preferred First Name:		Date of Birth:	
Address:			
Contact Details:	Mobile:		
	Email:		

## STUDIES

University:	
Degree/Diploma Sought:	
Expected Graduation Date:	
What area of the primary industry interests you:	

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 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