

APPLICATION FOR STUDENT 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 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.

By completing and submitting this form I agree to my name and address being used by the Institute for contact purposes only.

Date: _____ Signed: _____

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