

APPLICATION FOR 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:		
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:

The referee is not required to physically sign but please ensure they are included in copy when you submit your membership application.

There is an alternate mechanism if you don't know two NZIPIIM Members to be your referees. Simply contact admin@nzipim.co.nz to discuss.

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)

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

- I would like to receive The Journal as a digital copy only.
- I agree to my profile being public on the NZIPIM 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: _____

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