

AAPNZ MEMBERSHIP APPLICATION FORM

PO Box 5431
Lambton Quay
Wellington 6145
Email: membership@aapnz.org.nz



TAX INVOICE

GST No. 29-916.420

Surname _____ **Given Names** _____
Mr/Mrs/Miss/Ms *Please indicate preferred name / or Contact for Corporate Membership*

Company Name (for Corporate Membership) _____
Corporate-Named Applicants must complete a Membership Application form each.

Current Employer _____ **Position/Title** _____
If you have been in this position for less than 1 year, please list your previous employer and position:

Previous Employer _____ **Position/Title** _____

Mailing/Billing Address _____ _____ _____ Post Code _____	Private Address <i>If different from left</i> _____ _____ _____ Post Code _____
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AAPNZ Membership Fee paid by Self Self - Reimbursed Employer *(if employer paid, please note employer address in mailing address fields above)*

Day Phone: _____ **Mobile Phone** _____

Email Address: _____ **Date of Birth** _____

Email Address _____ *please provide a secondary email address if you have one*

Nominated Group Auckland Christchurch Dunedin Manawatu Marlborough Nelson
Please circle Rotorua Tauranga Waikato Wanganui Wellington

How did you hear about us? (AAPNZ member, website, employer, etc.) _____

Reasons for joining? Networking Prof/Personal Development Info re Admin issues AAPNZ Certification Commitment to my profession
Tick all that apply Other _____

	SUBSCRIPTION (Full Year)	ENTRANCE FEE (One-off)	TOTAL PAYMENT DUE
<input type="checkbox"/> Full member	\$155.00	\$30.00	\$185.00
<input type="checkbox"/> Affiliate	\$120.00	\$30.00	\$150.00
<input type="checkbox"/> Student / Retired	\$53.00	\$30.00	\$83.00 (non-voting membership)
<input type="checkbox"/> Corporate/Corporate-Named	\$675.00	\$30.00	\$705.00 (5 Corporate-Named Members)

Please note: The annual subscription year runs from 1 April – 31 March each year. All fees are inclusive of GST. Membership fees are not refundable.

I hereby apply for membership of AAPNZ and agree to abide by its Rules (available at www.aapnz.org.nz). I understand that the National Executive Team (NET) of AAPNZ reserves the right to decide the category of membership offered, and to withhold the reason for any decision in connection with this application. I understand that my membership information will be held by the National Membership Officer, the Membership Officer/Group President of my Nominated Group, and my Regional Leader. My details will NOT be passed on, or sold to any parties outside AAPNZ. I understand that I can view/update my information at any time. Resignation of AAPNZ Membership must be received in writing to the National Membership Officer.

I DO NOT wish to receive monthly electronic newsletters.

I have read and understand the above: Signed: _____ Date: _____

Payment by Credit Card
We accept Visa or MasterCard. Please note that payments by credit card will incur a 3% fee. Name on card: _____
 • • • Card Expiry Date: _____

OR: Direct Payment can be made to Westpac Bank Account No. 03-0104-0384627-00 *(please use your name as the reference)* then email this form along with payment details to: membership@aapnz.org.nz