

Professional Membership

APPLICATION FORM

- Please type or print clearly. Each box must be completed.
- Incomplete applications cannot be processed.
- Please read the **Membership Application Guidelines** before completing this document.

Personal Details

Surname: Mr | Mrs | Ms | Miss | Dr: CIRCLE ONE _____

Given Names: _____

Practice or Company Name: _____

Your Position: _____

Postal Address: _____

Street Address: _____

Email Address: _____ Telephone Business: _____

Fax: _____ Mobile: _____

FOR ADNZ OFFICE USE ONLY

| | |
|--|--|
| Payment Received: | |
| PI Insurance Certificate sighted by National Office: | |
| Board Approved: | |
| Membership No: | |
| Invoice: | |
| Confirmation letter: | |

Licensed Building Practitioner Design Licence/NZRAB Registration

LBP Licence No: _____ NZRAB Rego No: _____

Design Area of Practice: (Please tick one) 1 2 3

Professional Indemnity Insurance

If self employed (sole operator, director, shareholder, partner etc) then Professional members must have Professional Indemnity and Public Liability insurance in place to a minimum value as set by the ADNZ Board (currently \$250,000 minimum at February 2009). If you are an employee of a practice please provide evidence of Practice Insurance.

Do you have Professional Indemnity Insurance cover? (Please attach a copy of the certificate) Yes No

Please provide details:

Insurer: _____ Cover \$ _____ Excess \$ _____ Premium \$ _____

Are you currently obtaining quotes for cover? Yes No

Professional Conduct

Have you had any court convictions other than minor traffic infringements? Yes No

Have you had any claims for professional negligence, error or omission made against you and/or partners? Yes No

Are you aware of any such claims pending? Yes No

Have you ever been declared bankrupt? Yes No

Have you ever been a party named in association with an WHRS Claim? Yes No

Has your Company ever been in liquidation? Yes No

If you have answered YES to any of these questions please give details on the following page:

Professional Conduct (continued)

Declaration

I, _____ hereby apply for membership of ADNZ

I declare that the information submitted with this application is correct, and I am the sole author of all design and documentation submitted as part of this application. I have read, understood and agree to adhere to the ADNZ Code of Ethics and ADNZ Rules. I agree that the decision of the ADNZ Board in regard to my application is final and there is no right of appeal.

Signed: _____ Date: ____/____/____

Privacy Act 1993

All details provided by members on joining ADNZ are collected for the purpose of Architectural Designers New Zealand Inc. records. Details of members’ names and practice contact details, including email address, are provided to sponsors and other ADNZ Board approved organisations.

If you do not wish this information to be provided please tick here

Application Fee

A non-refundable application fee of \$250 + GST (\$287.50) (Once approved you will be invoiced your annual subscription fee)

I enclose a cheque payable to:

Architectural Designers New Zealand Inc. TICK BOX

I have paid my fee by direct credit: TICK BOX

Direct credit payment details:

To enable us to clearly identify your payment please put the following in the details:

- Your Name • Company Name

ADNZ Account details | a/c No. 03-0435-0522019-00

Please provide the following reference to appear on the ADNZ bank statement:
(Your name), Professional Application Fee.

Application Submission

Completed application forms are to be sent to:

Membership Application
Architectural Designers New Zealand Inc.
National Office
PO Box 39 147
Harewood
Christchurch 8545

For more information or assistance with the ADNZ membership application and assessment process please contact the National Office on:

Tel: 03 358 0112

Fax: 03 358 9040

Email: lisa@adnz.org.nz

Referee Details

Client – must be current or recent

Name of Client: _____

Tel: Business: _____ Mobile: _____

Email: _____

**ADNZ Professional Member,
Consulting Engineer or Builder**

Name of ADNZ Professional Member, Consulting Engineer or Builder:

Tel: Business: _____ Mobile: _____

Email: _____

Qualifications

If you have not completed a relevant qualification or cannot provide a copy of it, tick the ‘Not applicable’ box.

Not applicable

New Zealand qualifications (please attach a certified copy of the qualification)

| QUALIFICATION | EDUCATION PROVIDER/ITO | YEAR STARTED | YEAR COMPLETED |
|---------------|------------------------|--------------|----------------|
| | | | |
| | | | |
| | | | |
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| | | | |

Overseas qualifications (please attach the NZQA assessment report)

| QUALIFICATION | EDUCATION PROVIDER/ITO | YEAR COMPLETED | NZQA REPORT |
|---------------|------------------------|----------------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Do not send original certificates. ADNZ takes no responsibility for lost or damaged original certificates.

Industry organisation membership

You do not have to be a member of any industry organisation to be an ADNZ member. However, if you are, provide the details below. If you do not belong to any industry organisations, tick the 'Not applicable' box.

Not applicable

| ORGANISATION | MEMBERSHIP NUMBER |
|--------------|-------------------|
| | |
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| | |

Recent relevant learning activities

List any industry-related activities you have taken part in during the past three years. See the guidance notes for more details about relevant activities. If you have not completed any relevant learning activities in the past three years, tick the 'Not applicable' box.

Not applicable

| ACTIVITY | PROVIDER (IF APPLICABLE) | DATE (IF APPLICABLE) |
|----------|--------------------------|----------------------|
| | | |
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