

Colleague Membership

APPLICATION FORM

- Please type or print clearly. Each box must be completed.
- Incomplete applications cannot be processed.

Personal Details

Surname: Mr | Mrs | Ms | Miss | Dr: CIRCLE ONE _____
 Given Names: _____
 Company Name: _____
 Your Position: _____
 Postal Address: _____

Street Address: _____

Email Address: _____ Telephone Business: _____

Fax: _____ Mobile: _____

Nominated by | this must be a Professional or Life member of ADNZ

Name: _____ Professional member Life member

Signature: _____

Endorsed by | your local ADNZ Branch

Name: _____ Branch: _____

Signed by Branch Chair: _____

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:

FOR ADNZ OFFICE USE ONLY

Payment Received: _____

Board Approved: _____

Membership No: _____

Invoice: _____

Confirmation letter: _____

Declaration

I, _____ hereby apply for Colleague Membership of ADNZ

I declare that the information submitted with this application is correct. 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 \$50.00 + GST (\$57.50)
(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), Colleague 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