

## APPLICATION FOR MEMBERSHIP - 2012

**TO BE COMPLETED BY THE APPLICANT**

**\* MANDATORY FIELDS – MUST BE FILLED IN**

### CONTACT INFORMATION

**SURNAME:**

**FIRST NAMES:**

**ADDRESSES** (Please tick the address you want your mail sent to)

**\*Residential**

\*Home phone:

Home fax:

Home email:

**\*Company**

\*Company Name:

Current position held:

\*Work phone:

Work fax:

\*Work email:

**DESCRIBE DUTIES UNDERTAKEN IN CURRENT POSITION:**

### MEMBERSHIP CLASSES

(Tick applicable membership class you are applying for)

Individual Member

Corporate

Student  
Please attach copy of  
current student ID

Retired

**MEMBERSHIP FEES:**

Joining Fee (applies to all membership classes) ..... **NZD\$172.50 (incl GST)**

Your fees commence from the month in 2011 you are approved by the Board and cover the period until the following 31 December. Membership fees for the 2011 year are listed below and are pro-rated for members joining between February through to 31 December.

Individual Member (from 1<sup>st</sup> January 2012) ..... **NZD\$402.50 (incl GST)**

Corporate ..... **NZD \$460.00 (incl GST)**

Student & Retired ..... **NZD \$90.00 (incl GST)**

( Please attach copy of current student ID )

### SIGNATURE

**SIGNATURE OF THE APPLICANT:**

**DATE:**

## GENERAL INFORMATION

### WHICH SPECIAL INTEREST GROUPS WOULD YOU LIKE TO BE ASSOCIATED WITH?

- |   |  |
|---|--|
| <input type="checkbox"/> Clerk of Works                           | <input type="checkbox"/> Cadets & Students                           |
| <input type="checkbox"/> Fire Precautions                         | <input type="checkbox"/> Senior Consent Managers Group               |
| <input type="checkbox"/> Women in Building                        | <input type="checkbox"/> Plumbing & Drain Laying Inspection Services |
| <input type="checkbox"/> Polytechnic Construction Lecturers Group |  |

### OTHER MEMBERSHIP ORGANISATIONS YOU BELONG TO:

**FORUM:** Would you like to subscribe free of charge to the Institute's Forum  Yes  No

### Which sector do you fit into?

- |   |   |
|---|---|
| <input type="checkbox"/> Consultant                 | <input type="checkbox"/> Quality, Management and legal services |
| <input type="checkbox"/> Contractor                 | <input type="checkbox"/> Educational and training               |
| <input type="checkbox"/> Water and Waste operations | <input type="checkbox"/> Refuse/Solid Waste/Hazardous           |
| <input type="checkbox"/> Health and Safety          | <input type="checkbox"/> Research                               |
| <input type="checkbox"/> Architecture/design        | <input type="checkbox"/> Plumbing and drainage                  |
| <input type="checkbox"/> Fire safety/design         | <input type="checkbox"/> Weathertightness                       |
| <input type="checkbox"/> Compliance                 | <input type="checkbox"/> Building controls                      |
| <input type="checkbox"/> IQP                        | <input type="checkbox"/> LBP                                    |
| <input type="checkbox"/> Private House Inspection   |   |

### FINALLY, HOW DID YOU HEAR ABOUT THE BUILDING OFFICIALS INSTITUTE?

- |   |
|---|
| <input type="checkbox"/> Through attending a workshop/Seminar/Conference            |
| <input type="checkbox"/> Through work colleagues                                    |
| <input type="checkbox"/> Through another member of the Building Officials Institute |
| <input type="checkbox"/> Through the Building Officials Institute website           |
| <input type="checkbox"/> Other  |

## DISCLAIMERS

### CODE OF ETHICS

Any person applying for membership in signing this form, agree to the terms and conditions of the Institute including the code of ethics. These are available from the Institute's website for download.

I, \_\_\_\_\_ have read and understood the Code of Ethics:

**Signature**

**Date**

### USE OF INSTITUTE LOGO

The Institute's name and logo, including all subsidiaries, shall **NOT** be used without the prior specific written approval of the Chief Executive or the Board.

I agree to seek permission from the Chief Executive or the Board to use the Institute's name and logo, including all subsidiaries.

**Signature**

**Date**

### PRIVACY ACT

The Institute could from time to time supply names and addresses of its members to relevant persons or organisations. It only does this if it thinks it is in the interest of members. If you do not want your name and address supplied in this way please tick the box.

## PAYMENT OPTIONS

### CHEQUE:

Please make payable to Building Officials' Institute of New Zealand (BOINZ)

### DIRECT DEPOSIT:

Westpac, Wellington Branch: Acct No. 03 0502 0067694 000

### INVOICE:

Please notify the office if you require an invoice. Please quote your purchase order number, along with details of where the invoice is to be sent for payment.

### CREDIT CARD: Visa / Mastercard

Card Holder Name:

Card Holder Signature:

Card Holder Number:

Expiry Date:

Card Security Code:

(Card Security Code (CSC) is a 3 or 4 digit number that appears on the back of your credit card)

- Receipts will only be issued upon request.
- GST NO.: 16 – 202 - 412

### For office use only

Application received

Approved on:

Membership No.

Amount received:

Membership pack: sent