

APPLICATION FOR MEMBERSHIP

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:

Individual Member **NZD\$250.00 (inc GST)**
 Corporate **NZD \$460.00 (inc GST)**
 Student & Retired **NZD \$90.00 (inc 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