

The Institute of Quarrying New Zealand Incorporated

MEMBERSHIP APPLICATION FORM

Surname:	<input type="text"/>	Mr/Ms/Dr, etc	<input type="text"/>	FOR OFFICE USE ONLY
Forename(s):	<input type="text"/>			Membership Number
Date of Birth:	<input type="text"/>			
Nationality:	<input type="text"/>			Grade to:
Present Address:	<input type="text"/>			Grade From:
	<input type="text"/>			Date elected:
	<input type="text"/>			Entrance Fee: \$
	<input type="text"/>	Postcode:	<input type="text"/>	Subscription: \$
Home Phone:	Area Code <input type="text"/>			Date Paid:
Email address:	<input type="text"/>			

PRESENT EMPLOYMENT

Name of Employer:	<input type="text"/>		
Present Address:	<input type="text"/>		
Business Address:	<input type="text"/>		
(Your place of work for correspondence)	<input type="text"/>	Postcode:	<input type="text"/>
Work Phone:	Area Code <input type="text"/>	Mobile Ph:	<input type="text"/>
Facsimile:	Area Code <input type="text"/>	Email address:	<input type="text"/>
Job Title:	<input type="text"/>	Date Appointed:	<input type="text"/>
Please state nature of your duties, extent of responsibility and number of staff (if any) for whom you are responsible	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

EDUCATION (past and present)

From	To	College or University	Examinations passed. Degrees, Diplomas, Certificates or professional qualifications *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

** Copies of certificates are necessary to support an application to enter a corporate grade.*

EXPERIENCE IN THE INDUSTRY

From	To	Job Title	Name of Employer	Period in months	Initials of proposer / seconder

APPLICANT'S DECLARATION

I hereby apply for election / transfer (delete one) to

	Grade
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The foregoing represents a full and accurate statement of my education and experience.

Signed:

 Date:

Local Branch (select one)

EXPERIENCE IN THE INDUSTRY (NOTES)

Proposers and seconders should be in the appropriate grade of membership shown below. They are specially requested to initial those items in the 'Experience' section of which they have personal knowledge.

- | | |
|---------------|--|
| For FELLOW | two Fellows |
| For MEMBER | two Fellows or two Members or a combination thereof |
| For STUDENT | two corporate members (Members and/or Fellows) |
| For ASSOCIATE | proposed by one corporate member (Member or Fellow) and seconded by an Associate |

From personal knowledge of the applicant, and in consideration of the qualifications stated herein, we recommend the same as being in every respect a fit and proper person to be elected.

Signature of proposer	<table border="1" style="width: 100%; height: 30px;"></table>	Membership Category:	<table border="1" style="width: 100%; height: 30px;"></table>
Name (Block letters)	<table border="1" style="width: 100%; height: 30px;"></table>	Date:	<table border="1" style="width: 100%; height: 30px;"></table>
Signature of seconder	<table border="1" style="width: 100%; height: 30px;"></table>	Membership Category:	<table border="1" style="width: 100%; height: 30px;"></table>
Name (Block letters)	<table border="1" style="width: 100%; height: 30px;"></table>	Date:	<table border="1" style="width: 100%; height: 30px;"></table>

Name and address of two other persons to whom reference can be made if appropriate (not necessarily members of the Institute). Support from a responsible person in the applicant's place of employment is most desirable.

Name and address (block letters)	<table border="1" style="width: 100%; height: 30px;"></table>	<table border="1" style="width: 100%; height: 30px;"></table>	<table border="1" style="width: 100%; height: 30px;"></table>
			Phone: <table border="1" style="width: 100%; height: 30px;"></table>
Name and address (block letters)	<table border="1" style="width: 100%; height: 30px;"></table>	<table border="1" style="width: 100%; height: 30px;"></table>	<table border="1" style="width: 100%; height: 30px;"></table>
			Phone: <table border="1" style="width: 100%; height: 30px;"></table>

Fees:	
Student	\$55.00
Associate	\$158.00
Member	\$140.00
Fellow	\$158.00
Honorary Fellow	no fee
Retired (no voting rights)	\$55.00

When completed, please mail this form to:
The Secretary
The Institute of Quarrying New Zealand Incorporated.
P O Box 36 037
Merivale
CHRISTCHURCH 8146

* Joining fee (for Student, Associate, Member, Fellow) \$36.00
 * Fees to be increased by 2.5% annually.
 * Please allow up to 8 weeks for processing your application