

APPLICATION FOR PROVISIONAL GRADUATE MEMBERSHIP OF IPENZ

Current Student Member: Y N

Student Membership No (if known) _____

1. APPLICANT DETAILS

Surname _____

Title _____

Forenames _____

Preferred forename _____

Date of birth (dd/mm/yy) _____

M F

2. CONTACT ADDRESS (POST 1 NOVEMBER)

Please provide as much 'permanent' contact information as you can. Please do **not** provide a student accommodation address or temporary university email address.

Primary contact details

Address (if known) _____

Postcode _____

Telephone (if known) _____

Mobile _____

Email _____

Fax (if known) _____

Employer (if known) _____

Address _____

Alternate contact details (eg parents' address)

Address _____

Postcode _____

Telephone _____

Mobile _____

Email _____

Fax _____

3. QUALIFICATIONS

The qualifications you expect to graduate with.

Expected qualifications	Length of qualification (years)	Discipline	Education provider	Country	Year
eg BE (Hons)	4 years	Mechanical	University of Auckland	New Zealand	2010

4. COMMUNICATIONS

Please select the level of communication you wish to receive (tick one)

- I wish to receive IPENZ publication, information on IPENZ short courses and occasional information from selected suppliers.
- I wish to receive periodical IPENZ publications and branch newsletters.
- I wish to receive only the minimum communications necessary to continue my Membership.

5. DECLARATIONS

5.1 Accuracy of information

I certify that all information on this application form is true and accurate. Yes

5.2 Ethical declaration

I agree to be bound by the Rules and Regulation and IPENZ including the Code of Ethics, and that I will advance the objectives of IPENZ as far as shall be within my power. Yes

5.3 Temporary notice of Membership

I understand my Provisional Graduate Membership will lapse if not upgraded to full Graduate Membership by 30 June of the year following completion of my studies. Yes

Signature _____

Date _____

IPENZ NATIONAL OFFICE CONTACT DETAILS

Send the complete form to the IPENZ Membership Administrator at one of the following addresses:

Postal address: IPENZ National Office
PO Box 12 241
Wellington 6144
New Zealand

Phone: +64 4 473 9444

Fax: +64 4 474 8933

Email: membership@ipenz.org.nz

Website: www.ipenz.org.nz