



MEMBERSHIP APPLICATION

Name :	
Address :	
Phone : Fax:	
Email :	
Date of birth :	
Qualifications :	Trade/Professional (attach copies of certificates) 1 2 3 4
Experience/ Background/CV:	(Relevant practical and supervisory roles) 1 2 3 4
Name and Contact of two Character Referees or Sponsors :	(attach copies) 1 2

Please enclose the following in electronic format with your application:

References	<input type="checkbox"/>	Experience/Background	<input type="checkbox"/>	Professional Associations	<input type="checkbox"/>
3 Residential Condition Reports	<input type="checkbox"/>	Qualification Evidence	<input type="checkbox"/>	Declaration	<input type="checkbox"/>
\$250.00 Application fee (Non-Refundable)	<input type="checkbox"/>	Current Work Verification	<input type="checkbox"/>		

(Bank Account: 02-0910-0028416-00)

In forwarding this application for membership I declare that I am free from any claims for negligence or any matters of financial restraint or associated problems that could prejudice my meeting the standards required of a member of the Institute.

Signed: **Date:**

Office Use Only		
Application received	<input type="checkbox"/>	
All information complete	<input type="checkbox"/>	
Committee reviewed	<input type="checkbox"/>	
Interview held	<input type="checkbox"/>	
Date Accepted: _____		Date declined: _____