



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 <i>(Non-Refundable)</i> | <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: _____ |