

# The Institute of Quarrying New Zealand Incorporated

## MEMBERSHIP APPLICATION FORM

Surname: <input style="width: 95%;" type="text"/>	Mr/Ms/Dr, etc	<input style="width: 95%;" type="text"/>	<b>FOR OFFICE USE ONLY</b>
Forename(s): <input style="width: 95%;" type="text"/>			Membership Number
Date of Birth: <input style="width: 80%;" type="text"/>			Grade to:
Nationality: <input style="width: 95%;" type="text"/>			Grade From:
Present Address: <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>			Date elected:
			Entrance Fee: \$
			Subscription: \$
Home Phone: <input style="width: 20%;" type="text"/> Area Code <input style="width: 70%;" type="text"/>	Postcode: <input style="width: 40%;" type="text"/>		Date Paid:
Email address: <input style="width: 95%;" type="text"/>			

### PRESENT EMPLOYMENT

Name of Employer: <input style="width: 95%;" type="text"/>			
Present Address: <input style="width: 95%;" type="text"/>			
Business Address: <input style="width: 95%;" type="text"/>			
(Your place of work for correspondence)		Postcode:	<input style="width: 40%;" type="text"/>
Work Phone: <input style="width: 20%;" type="text"/> Area Code <input style="width: 70%;" type="text"/>	Mobile Ph:		<input style="width: 95%;" type="text"/>
Facsimile: <input style="width: 20%;" type="text"/> Area Code <input style="width: 70%;" type="text"/>	Email address:		<input style="width: 95%;" type="text"/>
Job Title: <input style="width: 95%;" type="text"/>	Date Appointed:		<input style="width: 40%;" type="text"/>

Please state nature of your duties, extent of responsibility and number of staff (if any) for whom you are responsible	<input style="width: 95%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>

### EDUCATION (past and present)

From	To	College or University	Examinations passed. Degrees, Diplomas, Certificates or professional qualifications *
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
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\* 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

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Date:

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**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 / TECHNICAL MEMBER | two Fellows or two Members or a combination thereof |
| For STUDENT                   | two corporate members                               |
| For ASSOCIATE                 | two corporate members                               |

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"><tr><td style="height: 30px;"></td></tr></table>		Membership Category:	<table border="1"><tr><td style="height: 30px;"></td></tr></table>	
Name (Block letters)	<table border="1"><tr><td style="height: 30px;"></td></tr></table>		Date:	<table border="1"><tr><td style="height: 30px;"></td></tr></table>	
Signature of seconder	<table border="1"><tr><td style="height: 30px;"></td></tr></table>		Membership Category:	<table border="1"><tr><td style="height: 30px;"></td></tr></table>	
Name (Block letters)	<table border="1"><tr><td style="height: 30px;"></td></tr></table>		Date:	<table border="1"><tr><td style="height: 30px;"></td></tr></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"><tr><td style="height: 30px;"></td></tr></table>		<table border="1"><tr><td style="height: 30px;"></td></tr><tr><td style="height: 30px;"></td></tr><tr><td style="text-align: right;">Phone: _____</td></tr></table>			Phone: _____
Phone: _____						
Name and address (block letters)	<table border="1"><tr><td style="height: 30px;"></td></tr></table>		<table border="1"><tr><td style="height: 30px;"></td></tr><tr><td style="height: 30px;"></td></tr><tr><td style="text-align: right;">Phone: _____</td></tr></table>			Phone: _____
Phone: _____						

When completed, please mail this form to:  
**The Secretary**  
**The Institute of Quarrying New Zealand Inc.**  
**P O Box 9, PAEROA 3640 NEW ZEALAND**

Alternatively the completed, signed form together with supporting documentation may be emailed to:  
[ioq@xtra.co.nz](mailto:ioq@xtra.co.nz)

While every endeavour is made to process applications as quickly as possible, please allow up to 8 weeks for processing your application.

<b>Fees (FY 2018):</b>	
Student	\$60.00
Associate	\$178.00
Member	\$159.00
Technical Member	\$159.00
Fellow	\$166.00
Honorary Fellow	no fee
Retired (no voting rights)	\$60.00

- \* Joining fee (for Student, Associate, Member, Fellow) \$40.00
- \* Fees to be increased by 2.5% annually.
- \* A Tax invoice will be issued upon approval of your application.