

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"/>	FOR OFFICE USE ONLY Membership Number Grade to: Grade From: Date elected: Entrance Fee: \$ Subscription: \$ Date Paid:	
First name(s):	<input style="width: 95%;" type="text"/>				
Date of Birth:	<input style="width: 20%;" type="text"/>	<input style="width: 70%;" type="text"/>			
Nationality:	<input style="width: 95%;" type="text"/>				
Present Address:	<input style="width: 95%;" type="text"/>				
	<input style="width: 95%;" type="text"/>				
	<input style="width: 95%;" type="text"/>				
Home Phone:	Area Code	<input style="width: 20%;" type="text"/>	Postcode:		<input style="width: 15%;" type="text"/>
	<input style="width: 95%;" type="text"/>				
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"/>			
Postal Address:	<input style="width: 95%;" type="text"/>			
(Your place of work for correspondence)	<input style="width: 80%;" type="text"/>		Postcode:	<input style="width: 15%;" type="text"/>
	Area Code	<input style="width: 20%;" type="text"/>	Mobile Ph:	<input style="width: 60%;" type="text"/>
Work Phone:	Area Code	<input style="width: 20%;" type="text"/>	Email address:	<input style="width: 60%;" type="text"/>
Facsimile:	Area Code	<input style="width: 20%;" type="text"/>	Date Appointed:	<input style="width: 15%;" type="text"/>
Job Title:	<input style="width: 95%;" 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%;" type="text"/>
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<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>

EDUCATION (past and present)

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

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

Signed

Date:

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; not Associate members |
| For ASSOCIATE | two corporate members; not Associate 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		Membership Category:	<table border="1" style="width: 100%; height: 30px;"></table>
Name (Block letters)	<table border="1" style="width: 200px; height: 30px;"></table>	Date:	<table border="1" style="width: 100%; height: 30px;"></table>
Signature of seconder		Membership Category:	<table border="1" style="width: 100%; height: 30px;"></table>
Name (Block letters)	<table border="1" style="width: 200px; height: 30px;"></table>	Date:	<table border="1" style="width: 100%; height: 30px;"></table>

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

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

Fees (FY 2024):	
Student	\$66.00
Associate	\$193.00
Member	\$171.00
Technical Member	\$171.00
Fellow	\$171.00
Honorary Fellow	no fee
Retired (no voting rights)	\$66.00

- * Joining fee (for Student, Associate, Member, Fellow) \$46.00
- * Fees to be increased by 2.5% annually.
- * A Tax invoice will be issued upon approval of your application.