

AAPNZ NATIONAL OFFICE
 PO Box 5431
 Lambton Quay
 Wellington 6145
 Email: enquiries@aapnz.org.nz

AAPNZ APPLICATION FORM



TAX INVOICE Full Affiliate Student Corporate
 GST No. 29-926-420

Surname: _____ **Given Names:** _____
Mr/Mrs/Miss/Ms (Please indicate preferred name)

Date of Birth: _____ **Present Occupation:** _____
Private Address: _____ **Telephone:** _____
 _____ **Facsimile:** _____
 _____ **POSTCODE** [][][][] **Email:** _____

Company Name: _____
Company Address: _____ **Telephone:** _____
 _____ **Facsimile:** _____
 _____ **POSTCODE** [][][][] **Address for Correspondence:**

Position/Title: _____ Private Business
(Please tick appropriate box)

Nominated Group: _____

Employment History:

| Company | Position | Duties | From | To |
|---------|----------|--------|------|----|
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How did you hear of us? (eg: AAPNZ member, adminZ, website, friend, etc)

| | SUBSCRIPTION | ENTRANCE FEE | TOTAL PAYMENT DUE |
|---|--------------|--------------|-------------------|
| Full Year Subscriptions (all fees are inclusive of GST): | | | |
| Full member | \$135.00 | \$30.00 | \$165.00 |
| Affiliate | \$100.00 | \$30.00 | \$130.00 |
| Student | \$38.00 | \$30.00 | \$68.00 |
| Corporate | \$556.00 | \$30.00 | \$586.00 |

Please note: There are two annual subscription periods; 1 April to 31 March and 1 October to 30 September.

I hereby apply for membership of AAPNZ and agree to abide by its Rules. I understand that the National Executive Committee of AAPNZ reserves the right to decide the category of membership offered and to withhold the reason for any decision in connection with this application.

Signed: Date:

Payment by Credit Card: (Visa or Mastercard only) :
 • • •
 Name on card:
 Card Expiry Date:

OR, please make cheques payable to: Association of Administrative Professionals NZ Inc, and post to **AAPNZ National Membership Officer**, PO Box 5453, Wellesley Street, **Auckland 1141**

OR, direct payment can be made to Westpac Bank Account No. 03-0104-0384627-00 (Please add your name in the reference section) then email this form along with payment details to: membership@aapnz.org.nz

FOR OFFICE USE ONLY

| | | | |
|--------------|----------------|-------------|----------------------|
| Acknowledged | Membership No. | Receipt No. | Membership Pack Sent |
|--------------|----------------|-------------|----------------------|

PLEASE RETAIN A COPY FOR YOUR RECORDS