



APPLICATION FOR MEMBERSHIP

(Please provide full details and if necessary attach supplementary sheets)

1. NAME OF FIRM: _____

POSTAL ADDRESS: _____
 _____ Post Code: _____

ADDRESS(ES) OF OFFICES: _____
 _____ Post Code: _____

Tel No: _____ Fax No: _____

Mobile No: _____

Email: _____

2. LIST ALL PRINCIPALS OR PARTNERS

<u>NAME</u>	<u>PROFESSIONAL QUALIFICATIONS</u>	<u>DATE ACQUIRED</u>	<u>HOW LONG IN PRACTICE AS PARTNER OR PRINCIPAL</u>
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3. PROFESSIONAL STAFF

<u>NAME</u>	<u>PROFESSIONAL QUALIFICATIONS</u>	<u>DATE ACQUIRED</u>
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4. TECHNICAL STAFF

<u>NAME</u>	<u>TECHNICAL QUALIFICATIONS</u>	<u>DATE ACQUIRED</u>
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5. OTHER STAFF

Number of other staff not included in 3 and 4 above.

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6. PREVIOUS EXPERIENCE

For each principal or partner, please attach a full CV detailing previous experience, including name of employer, position, type of work, degree of responsibility, relevant dates, etc. **This is a mandatory requirement.**

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7. CPD RECORD (Valuers/Surveyors Only)

For each principal/partner, please attach a copy of their NZ Property Institute or NZ Institute of Surveyors CPD record card for the last two years.

8. ELIGIBILITY FOR MEMBERSHIP

To be eligible for membership the applicant or at least one principal of an applicant firm must be a Member of either the -

- New Zealand Institute of Clerks of Works
- New Zealand Institute of Primary Industry Management
- New Zealand Institute of Forestry Inc. (Registered Forestry Consultant)
- New Zealand Institute of Quantity Surveyors Inc.
- Institute of Cadastral Surveying Inc.
- New Zealand Institute of Surveyors
- New Zealand Institute of Valuers
- New Zealand Planning Institute (Consultants Division)
- Property Institute of New Zealand

or of any profession which is deemed by the Society to be so closely allied to or associated with the profession of surveying or valuing as to be kindred profession.

The following principals are members of an eligible body.

<u>NAME</u>	<u>BODY</u>
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9. HOW DID YOU FIND OUT ABOUT LPMS

- Referred by a fellow professional who is a member
- Research on the internet (LPMS Website)
- Referred by an Insurance Broker
- Published marketing material at conferences etc.
- Previous experience/membership

If you are a returning member, can you tell us the reasons for you leaving the society previously?

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I/We hereby declare that the above statements and particulars are true and I/We hereby apply to become a Member of Land Professionals Mutual Society Inc.

NAME OF FIRM:

* Signed:

Date:

* This form must be signed by a principal or partner

REFEREES:

Please supply the names of two referees that we can contact in relation to your application:-

Name Name

Firm Firm

Contact Details Contact Details

I understand that by signing this form I give Land Professionals Mutual Society Inc. permission to include the firm's name and contact details in the membership list available to members. I acknowledge my right to access to and correction of this information. The consent is given in accordance with The Privacy Act 1993.