

## Governance New Zealand Incorporated

# AFFILIATE MEMBER APPLICATION

Please complete this application and return by mail or email: [info@governancenz.org](mailto:info@governancenz.org).

### PERSONAL DETAILS

First name(s) \_\_\_\_\_  
Last name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

### COMPANY DETAILS

Company \_\_\_\_\_  
Position \_\_\_\_\_

### BUSINESS ADDRESS

Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Post Code \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_ Email \_\_\_\_\_

### HOME ADDRESS

Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Post Code \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_ Email \_\_\_\_\_

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**Governance New Zealand Incorporated (formerly Chartered Secretaries New Zealand Incorporated)**

Administrator House, Level 2, 44 Anzac Avenue, Auckland 1010

P.O. Box 444, Shortland Street, Auckland 1140

[www.governancenz.org](http://www.governancenz.org)

PH +64(9) 377 0130 / FAX +64(9) 366 3979 / EMAIL [info@governancenz.org](mailto:info@governancenz.org)



## QUALIFICATIONS

Degree/s \_\_\_\_\_

Memberships \_\_\_\_\_

## CONTACT PREFERENCE

Please select your preferred address: (*circle one*)

Business address

Home address

## WOMEN ON BOARDS

Please include me in this group

Yes / No

## PAYMENT DETAILS

Annual Affiliate Group subscription to 30 June 2018  
**NZ\$250.00 (GST incl.)**

### Cheques

Please make cheques payable to:

**Governance New Zealand Inc.**

Cheque enclosed ☐ (Please tick)

### Credit Cards

Card type

MasterCard ☐

Visa ☐

Diners ☐

Amex ☐

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiry date

Month

Year

Security code

(3 digit code on reverse of card) \_\_\_\_\_

### Deposit to Bank Account

Deposits can be made to the **Governance New Zealand Inc.** bank account:

**Bank of New Zealand, Auckland Branch**

Account Number: **02 0100 0043243 00**