

# INTERN MEMBERSHIP



**TYPE AND COMPLETE APPLICATION FORM BELOW.** (NO HANDWRITTEN FORMS ACCEPTED).

## PERSONAL DETAILS

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Ethnicity:      Māori       European       Pacific Island       Asian       Other

## COMPANY CONTACT DETAILS

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## PROFESSIONAL CONDUCT

- Have you had any court convictions other than minor traffic infringements?
- Have you had any claims for professional negligence, error or omission made against you and/or partners?
- Are you aware of any such claims pending?
- Have you ever been declared bankrupt?
- Have you ever been a party named in association with an WHRS Claim?
- Has your Company ever been in liquidation?

If you have answered YES to any of these questions please provide full details:

## EMPLOYER DETAILS

I am currently working more than 20 hours per week in Architectural Design under the direction of:

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## MENTOR DETAILS

**A Professional or Life Member of ADNZ, a registered Architect or a Licensed Building Practitioner**

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

ADNZ Professional or Life Member No: \_\_\_\_\_

Registered Architect No: \_\_\_\_\_

Licensed Building Practitioner No: \_\_\_\_\_

**APPLICATION FEE** A non-refundable application fee of \$50.00 + GST (\$57.50)

I have paid my application fee by direct credit

ADNZ account details account number 02-1278-0017004-00 (please provide your name as the reference)

## DECLARATION

I, hereby apply for Intern Membership of ADNZ.

I am currently working more than 20 hours per week in Architectural Design.

I declare that the information submitted with this application is true and correct.

I have read, understood and agree to adhere to the ADNZ Code of Ethics and ADNZ Rules.

I agree that the decision of the ADNZ Board in regard to my application is final and there is no right of appeal.

I consent to my contact information being shared with ADNZ members and included in the 'Find a Designer' section on the ADNZ website.

I agree that I will not share or disclose other members' contact information without their consent and confirm that I will use reasonable care to safeguard against the accidental disclosure of such information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Typing your name here is accepted as a digital signature*

Please email this completed application form to

**MEMBERSHIP@ADNZ.ORG.NZ**

**Architectural Designers New Zealand Inc.**

PO Box 8147, Riccarton, Christchurch 8440

Phone 03 358 0112, Email membership@adnz.org.nz



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