

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 (select all that apply to you):

New Zealand European	<input type="checkbox"/>	Māori	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Tongan	<input type="checkbox"/>	Niuean	<input type="checkbox"/>
Cook Islands Māori	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other	_____		

COMPANY CONTACT DETAILS

Company Name: _____ Position: _____

Postal Address: _____ Suburb: _____ City: _____ Postcode: _____

Physical Address: _____ Suburb: _____ City: _____ Postcode: _____

Website: _____ Email: _____

Phone: _____ Mobile: _____

PROFESSIONAL CONDUCT

Yes No

- 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 a party named in association with an Watertight Home Resolution Service Claim?
- Has a company you have owned/been director of 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. 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

