

COLLEAGUE 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 ☐ Māori ☐ Samoan ☐ Tongan ☐ Niuean ☐
 Cook Islands Māori ☐ Chinese ☐ Indian ☐ 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:

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 Colleague Membership of ADNz.
I agree that in joining ADNz as a Colleague member, I will not engage in the solicitation of my services (or that of my company or employer) to other ADNz members or ADNz partners.
I declare that the information submitted with this application is true and correct.
I am not a practicing designer or architectural designer.
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 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

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