



Student Membership Application

I wish to apply for Student Membership of the Institute.

Mr/Mrs/Miss/Ms:

First name:..... Last name:.....

Postal address:.....

.....Post Code:.....

Email address:

Home Phone: (.....)..... Mobile:.....

I am enrolled for training at (name of Training Provider):

Course Title:_____

Course duration – From:_____ To: _____

Applicant’s signature:_____ Date:_____

Tutor’s signature: _____ Date:_____

*When admitted to membership I undertake to be bound by the Rules of the Institute
(see the Constitution at www.nzitt.org.nz)*

SUBSCRIPTION

Please pay the amount of \$33.75 with this application.

This includes GST and covers membership for a 12 month period from the date of application.

- Payment by Cheque – enclosed.
- Payment by Credit Card: Diners MasterCard Visa

Card Number:.....

Name on card:.....Expiry:...../.....

**Mail this application to:
NZITT, P.O. Box 1888, Wellington**

or

Fax to: 04 499 0786 Email to: eo@nzitt.org.nz

Should you have any queries please phone the National Secretary on 04 496 4884