

# NEW ZEALAND INSTITUTE OF TRAVEL & TOURISM INC.

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## Application for Membership

I wish to apply for membership of the Institute with the status determined by my qualifications and/or industry service outlined below. Criteria for Membership on Website: [www.nzitt.org.nz](http://www.nzitt.org.nz)

Mr/Mrs/Miss/Ms \_\_\_\_\_  
First name Last name

Private Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_

Postal Address – if different: \_\_\_\_\_  
Post Code: \_\_\_\_\_

Contacts: Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

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

EMPLOYER (full name of Company) \_\_\_\_\_

Address: \_\_\_\_\_

My position in the Company is \_\_\_\_\_ and I have been \_\_\_\_\_ years in the industry in New Zealand.

**CAREER HISTORY**

Employer	From	To	Position Held

**ACADEMIC HISTORY and TRAVEL/TOURISM related studies.** Attach certified copies of relevant Certificates/Diplomas

Educational Establishment	Highest standard Achieved	Qualification	Year

DECLARATION: If accepted as a Member I undertake to be bound by the rules of the Institute.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail, Fax or Email to: NZITT, PO Box 1888, Wellington 6140. Fax: (04) 499 0786. Email: eo@nzitt.org.nz

**SEND NO PAYMENT UNTIL MEMBERSHIP IS CONFIRMED**