

# Application for Membership

Please complete the form below and post to:  
NZARM, PO Box 4315, Hamilton East, HAMILTON 3247



NEW ZEALAND  
ASSOCIATION OF  
**RESOURCE  
MANAGEMENT**

## APPLICATION

In accordance with the constitution of the Association, I;

\_\_\_\_\_ (Name, please print)

wish to apply to become a member of the New Zealand Association of Resource Management. In doing so I agree to comply with the provisions of the Constitution. I understand my application will be considered during the next meeting of the Executive Committee of the New Zealand Association of Resource Management.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

## APPLICANT TO COMPLETE:

Full name:

Address:

Phone/Fax:

E-mail

Present employer:

Position held

Please give a brief outline of your interest or involvement in Resource Management, for example, relevant qualifications achieved, past positions held and experience gained. Continue on back page if necessary

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We would like to publish details of your work experience and areas of involvement in the next issue of *Broadsheet*. Please indicate your approval:      Yes      No

