



LIANZA APPLICATION FOR ASSOCIATESHIP

1. PERSONAL DETAILS

All applications should include the required fee of \$50.00 (incl. GST) and a passport photo. Applicants should be aware that the photograph may be used within Library Life.

First Name/*Ingoa*

Preferred First Name (if different to formal)

Surname/*Ingoa whānau*

Title Previous name

Iwi *Hapū*

Preferred Mailing Address/*Wāhi noho*

.....

Postcode City/*Taone*

Country/*Whenua*

Phone/*Waea* Cell Phone/*Waea pūkoro*

Email/*Ī mēra*

2. LIANZA MEMBERSHIP

Start Date

Membership Number

3. EVIDENCE

Please indicate what evidence has been supplied below

- | | |
|--|---|
| <input type="checkbox"/> Written Personal Record | <input type="checkbox"/> Professional History or CV including Major Achievements and Qualifications |
| <input type="checkbox"/> Organisational Chart | <input type="checkbox"/> Request for Confidential Referee Report from three Referees |
| <input type="checkbox"/> Evidence of Written Work (x4) & Summary | |
| <input type="checkbox"/> Membership of Professional Associations (if applicable) | |



4. CURRENT EMPLOYMENT

Position Held *Tūranga*

Commencement Please specify hours per week

Full time Part time

Name of organisation

5. VERIFIED BY EMPLOYER'S REPRESENTATIVE

Name *Ingoa*

Signature *Tohu*

Position *Tūranga*

Phone *Waea*

Email *Īmēra*

6. REFEREES

The applicant should contact at least three referees and request a confidential report

Name/*Ingoa*

Phone/*Waea*

Email/*Īmēra*

Name/*Ingoa*

Phone/*Waea*

Email/*Īmēra*

Name/*Ingoa*

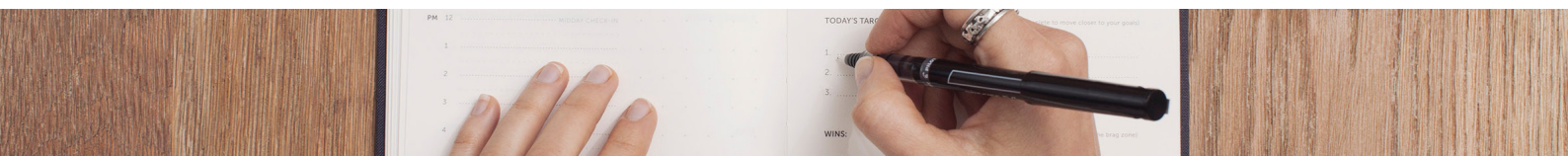
Phone/*Waea*

Email/*Īmēra*

7. SUPPORT PERSON

Whānau or support person for interview (if wishing to have one)

Name/*Ingoa*



The logo for LIANZA APPLICATION FOR ASSOCIATESHIP. The word "LIANZA" is in a large, bold, black sans-serif font. The letter "Z" is stylized with a teal-colored swirl. To the right of "LIANZA", the words "APPLICATION FOR" are stacked above "ASSOCIATESHIP" in a smaller, teal-colored sans-serif font.

8. REGISTRATION APPLICATION FEE

Application fee payment \$50.00 (incl. GST) non refundable
Cheques should be made payable in NZD to: LIANZA

9. PAYMENT DETAILS

Please select preferred payment method below

Invoice Credit Card Cheque

Card Expiry Date

Card Number

Cardholders Name

Cardholders Signature

Amount Paid: \$

10. DECLARATION

I declare that,

1. I wish to apply for LIANZA Associateship
2. I solemnly and sincerely declare that, to the best of my knowledge and belief, all the information in this application is entirely true and correct
3. I understand LIANZA may contact institutions or individuals named in this application to verify the information provided

Signed Date

