

# ASSOCIATESHIP

## 1. PERSONAL DETAILS

First name/*Ingoa* .....

Surname/*Ingoa whānau* .....

Title ..... Previous name .....

*Iwi* ..... *Hapū* .....

Mailing address/*Wāhi noho*.....

.....

Postcode ..... City/*Taone* .....

Country/*Whenua* .....

Phone/*Waea* .....Cell phone/*Waea pūkoro* .....

Email/*Ī mēra*.....

## 2. LIANZA PERSONAL MEMBERSHIP

*Minimum of five years personal membership required*

Start date.....

Membership number.....

## 3. PROFESSIONAL REGISTRATION

Date of registration or revalidation.....

## 4. EVIDENCE

*Please indicate what evidence has been supplied below*

- |  |   |
|--|---|
| <input type="checkbox"/> Personal statement (500-1000 words)                     | <input type="checkbox"/> CV including major achievements and qualifications |
| <input type="checkbox"/> Organisational chart                                    | <input type="checkbox"/> Three statements of support                        |
| <input type="checkbox"/> Evidence of four pieces of written work & summary       | <input type="checkbox"/> Photo (please email jpeg)                          |
| <input type="checkbox"/> Membership of professional associations (if applicable) |   |



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## 5. CURRENT EMPLOYMENT

Position Held *Tūranga* .....

Commencement ..... Please specify hours per week

Full time  Part time

Name of organisation .....

## 6. VERIFIED BY EMPLOYER'S REPRESENTATIVE

Name *Ingoa* .....

Signature *Tohu* .....

Position *Tūranga* .....

Phone *Waea* .....

Email *Īmēra* .....

## 7. STATEMENTS OF SUPPORT

*The applicant should provide three statements of support*

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* .....



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## 9. REGISTRATION APPLICATION FEE

Application fee payment \$50.00 (incl. GST) non refundable

## 10. PAYMENT DETAILS

Please select preferred payment method below

Invoice  Credit Card

Card Expiry Date .....

Card Number .....

Cardholders Name .....

Cardholders Signature .....

Amount Paid: \$ .....

### Internet banking details:

Account No: 01-0505-0359019-00 Swift Code: ANZBNZ22

Bank: ANZ Branch: Lambton Quay, Wellington

## 11. 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 .....

Send completed application to [officeadmin@lianza.org.nz](mailto:officeadmin@lianza.org.nz)



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