

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



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