

## AFFILIATE APPLICATION FORM

Affiliate members are the future of our profession. We invite you to take this important step in your professional career by applying for membership with our esteemed institute, a community dedicated to upholding the highest ethical standards for valuation practice. We look forward to supporting you as you grow in your career and contribute to the integrity and excellence of our profession.

### PERSONAL INFORMATION

First Name	<input type="text"/>			
Surname	<input type="text"/>			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
Date of Birth	<input type="text"/>			

### CONTACT DETAILS

Phone Number	<input type="text"/>
Email Address	<input type="text"/>
Member Branch	<input type="text"/>

### BILLING

Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>

### POSTAL ADDRESS

Same as above	<input type="checkbox"/> or
Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>

### PROFESSIONAL INFORMATION

Employment - Name of Company	<input type="text"/>
Position	<input type="text"/>
Company Address	<input type="text"/>

### EDUCATIONAL QUALIFICATION

Highest Qualification	<input type="text"/>
Tertiary Institution	<input type="text"/>
Year Graduated	<input type="text"/>
Proof of Qualification	<input type="text"/>

Please attach

#### REFERENCE CHECK

For evidence that I am of good character and reputation, reference may be made to the following persons:

*\*Note: Referees must not be relatives of the applicant. The referees must have consented to provide written and/or verbal reference if required by NZIV.*

Name

Employer

Contact Details

#### RULES AND CODE OF ETHICS DECLARATION

I declare that to the best of my knowledge the information supplied in this form is true and correct.

Under the terms of the Privacy Act 2020, I acknowledge that this information is required for the processing of my application to Affiliate membership status within the New Zealand Institute of Valuers (NZIV), and that it will be held by NZIV including its regional branch as part of NZIV's record of membership. I further understand that this information will be used from time to time for purposes related to my membership, including mailing NZIV publications, newsletters, and advice of educational and other matters to me.

If admitted to membership, I agree to comply with the New Zealand Institute of Valuers Rules under Section 16 of the Valuers Act 1948 and Code of Ethics, and to accept the rights, privileges, duties, responsibilities, obligations and liabilities in the Rules.

Signature

Date

Thank you for completing this application form.  
You will receive notification on the outcome of this application in due course.