



Institute of IT Professionals

Membership Application Form (And Membership Advancement)

Institute of IT Professionals NZ Inc, PO Box 10 044, Wellington, New Zealand
Tel: 0800 252 255 Fax: 04 473 1025 Email: info@iitp.org.nz Web: www.iitp.org.nz

Congratulations on your decision to join IITP, the professional body of the ICT sector. If you need any help with this form, please email info@iitp.org.nz.

Membership Grade Applying For:

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Affiliate | <input type="checkbox"/> Overseas | <input type="checkbox"/> Associate (AIITP) |
| <input type="checkbox"/> Student | <input type="checkbox"/> Overseas Student | <input type="checkbox"/> Member (MIITP) |
| <input type="checkbox"/> Entrant | <input type="checkbox"/> Retired | <input type="checkbox"/> Fellow (FIITP) |

Is this a: New Application or Advancement

Title:	First Name:	Other Names:	Surname:
Date of Birth: <small>(required for security and anniversary purposes)</small>			
Current Job Title:		Employer:	
Home Address:		Postal Address:	
Country:		Country:	
Home Telephone:		Work Telephone:	
Mobile/Cellphone:		Fax:	
Preferred Email:		Personal Webpage:	

Is this a Fellowship Application?

If you are applying for Fellow level, please also include a full CV or outline of achievements that show you have met the requirements for Fellowship grade.

This Page for ASSOCIATE, MEMBER and FELLOW Applications Only

Academic Information

Please list the formal qualifications you have gained (if applicable) and attach evidence of completion.

Qualification	Major Subject	Institution	Year Completed

Relevant Employment and Contracting History (current/or most recent job first)

Please list employment information that contributes to meeting your IITP eligibility requirements.

No	From/To Date	Employer/Customer	Role/Position or Project if Contractor <i>List most recent first and describe leader/supervisory roles as applicable</i>	Full-time Equivalent Years Experience
1				
2				
3				
4				
5				
6				
7				
8				

Supporters (required for Member and Fellow applications only)

To be completed by two senior IT Professionals prepared to support your application

(Fellow applications must be supported by Fellows. For Member grade, supporters do NOT need to be IITP members)

Name:	Name:
Email:	Email:
Telephone:	Telephone:
Signed:	Signed:
Date:	Date:

Payment (New Applications Only)			
Affiliate Associate Member \$295 <small>incl GST</small>	Staff of IITP Corporate Partner \$236.00 <small>incl GST</small>	Student \$10 <small>incl GST</small> Entrant \$95 <small>incl GST</small> Retired \$49 <small>incl GST</small>	Overseas Member \$250.00 (\$NZ)

Payment Method: **Cheque** **Mastercard** **Visa** **Amex** **Diners**

Card Number:

Expiry Date: / / Name on card:

An invoice/receipt will be generated and automatically emailed to you

Declaration	
<p>I declare that the information presented in this application to the Institute of IT Professionals is true and correct and confirm that, if accepted, I agree to abide by the Institute's Code of Professional Conduct and conduct myself honourably in the practice of my profession. I understand that to maintain Associate, Member or Fellow grade with IITP I am required to meet the specified minimum number of professional development hours for this grade each year.</p>	
Signature	Date