

## Membership Application Form

Name of organisation \_\_\_\_\_

Contact name \_\_\_\_\_ Mr / Ms \_\_\_\_\_

Additional Members \_\_\_\_\_

Job Title \_\_\_\_\_

Department \_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ URL \_\_\_\_\_

\* Information above will be included in the annual NZAGE member directory, provided to Full Members only. Organisation names will be listed on the NZAGE website.

Please tick ONE of the following options:

- A. I am responsible for the recruitment and/or development of graduates within my organisation  
If you ticked A. above, please fill in the additional details below.
- B. Careers Centres (e.g Careers advisor)
- C. Suppliers (e.g. recruitment consultants, IT consultants & publishers)
- D. Not-for-profit associations/groups

Brief description of organisation's activities \_\_\_\_\_  
\_\_\_\_\_

Number of graduates recruited annually \_\_\_\_\_ Number of employees \_\_\_\_\_

Faculties recruited from: \_\_\_\_\_

Regions recruited from:  AUCK/NOR  WAI/BOP  HB/GIS  TAR  PN  WELL  TAS/NEL  CANT  OTA/SOUTH

Signature of applicant << \_\_\_\_\_ Date / /

Please print this form, fill in and forward via mail or email to:

NZAGE  
PO Box 2417  
Shortland Street  
Auckland

info@nzage.co.nz

We will be in touch to confirm which level of membership your organisation qualifies for.

	MEMBERSHIP LEVEL	REPRESENTATIVE COMPANY
A	Full	\$400 p.a.
B	Associate	\$450 p.a.
C	Associate	\$500 p.a.
D	Not-for-profits	\$300 p.a.

All information provided to the NZAGE is for the NZAGE committee, employee and member use only.  
The NZAGE respects your privacy and does not pass on such details to third parties.