



New Zealand
Architects
Co-operative
Society

SECRETARY	
S J Graves	AON NEW ZEALAND
PO Box 30459 LOWER HUTT 5040	PO Box 2517 WELLINGTON 6140
PHONE 04-566 4399 FAX 04-567 2742	PHONE 04-819 4000 FAX 04-819 4106

NZ ARCHITECTS CO-OPERATIVE SOCIETY LTD

APPLICATION FOR MEMBERSHIP

1. NAME OF FIRM

Postal Address: _____

Telephone: _____

Facsimile: _____

Email: _____

2. PRINCIPAL(S) OR DIRECTOR (S)

Name	Professional Qualifications	Registration Yes/No <i>(If Yes, please state number)</i>	How Long in Practice As Principal(s) or Director(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. PROFESSIONAL STAFF

Name	Professional Qualifications	Registration Yes/No <i>(Plus Registration Number)</i>

4. OTHER STAFF

Number of other staff not included in (3) above.

5. MEMBERSHIP OF NEW ZEALAND INSTITUTE OF ARCHITECTS INC

The following Principal(s)/Director(s) are members of NZIA Inc.

(State whether membership is Architect or Colleague-Intern)

Name:	Membership Category: and Number:
_____	_____
_____	_____
_____	_____

The following Principal(s)/Director(s) have applied for membership of NZIA Inc.

Name:	Date Applied:
_____	_____
	Membership Category:
_____	_____
	Date Applied:
_____	_____
	Membership Category:
_____	_____
	Date Applied:
_____	_____
	Membership Category:
_____	_____

6. MEMBERSHIP OF ARCHITECTURAL DESIGNERS OF NEW ZEALAND INC

The following Principal(s)/Director(s) are members of ADNZ.

Name:

Number:

7. PREVIOUS OR CURRENT INDEMNITY INSURANCE

Does the firm currently or has the firm previously held Professional Indemnity Insurance?

If so, please state Insurer, Policy Number and Expiry Date.

8. PREVIOUS CLAIMS

Has any claim arising out of alleged Professional Negligence been made against the firm or any member of the firm or their predecessors in business?

If so, please give date(s) and details:

9. POSSIBLE CLAIMS

Is there any knowledge of any claim outstanding or any circumstances which may give rise to a claim?

I/We hereby apply for one \$10 share in the Society and declare that the above statements and particulars are true and that I/We agree that this form shall be the basis of the Contract with the NZ Architects Co-operative Society Limited of which I/We hereby apply to become a member.

A cheque for \$50, being the cost of one \$10 share plus an entry fee of \$40, is enclosed or pay electronically (see details below).

NAME OF FIRM: _____

***Signed:** _____

Date: _____

*This form must be signed by a Principal/Director.

I understand that by signing this form I give NZ Architects Co-operative Society Ltd permission to include my name and personal details on their mailing list where it will be held in strict confidence and not passed on to any other party.

**Please post your completed form and cheque made out to the
NZ Architects Co-operative Society to:**

**The Secretary
NZACS
PO Box 30459
Lower Hutt 5040**

Or

**Electronic payment to Westpac, Lower Hutt
03 0531 0256654 00**