

**The Chartered
Institute of Logistics
and Transport**

Application to Join as a Corporate Member

Please fully complete this form and return it with your payment.

UPON PAYMENT BECOMES GST TAX INVOICE 13-011-370

..... GST incl.

Please PRINT clearly

Company Name

Company Postal Address

.....

Telephone..... Fax

Type of Business

Member No. 1 Details

Title Last Name First Name

Date of Birth Business Position/Title

Private Address

Business Ph Business Fax

Home Ph Mobile Email

Member No. 2 Details

Title Last Name First Name

Date of Birth Business Position/Title

Private Address

Business Ph Business Fax

Home Ph Mobile Email

Member No. 3 Details

Title Last Name First Name

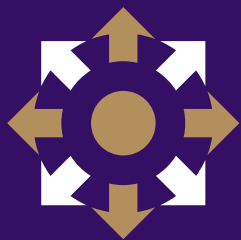
Date of Birth Business Position/Title

Private Address

Business Ph Business Fax

Home Ph Mobile Email

PO Box 1281 | Shortland Street | Auckland | New Zealand
Telephone: 64-9-368 4970 | Facsimile: 64-9-368 4971 | Email: info@cilt.co.nz | Web: www.cilt.co.nz



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and Transport**

Application to Join as a Corporate Member continued

Member No. 4 Details

Title Last Name First Name

Date of Birth Business Position/Title

Private Address

Business Ph Business Fax

Home Ph Mobile Email

Member No. 5 Details

Title Last Name First Name

Date of Birth Business Position/Title

Private Address

Business Ph Business Fax

Home Ph Mobile Email

Privacy Statement:

Under the Privacy Act 1993 we advise that the information on this form (Information) is collected by The Chartered Institute of Logistics and Transport New Zealand Inc. (CILTNZ) (a National Selection of The Chartered Institute of Logistics and Transport Inc (Institute) at PO Box 1281, Shortland St, Auckland. The Information is collected for the purposes of maintaining CILTNZ's membership records, membership grading, activities, newsletters, communication with you, the encouragement of networking opportunities between members and conduct of CILTNZ's business and affairs. It will not be generally used or published outside CILTNZ, the institute or other National Sections of the Institute without your permission. You have rights of access to and correction of the information.

Declaration:

I declare that all the information supplied by me is accurate and agree to be bound by the Rules of CILTNZ. If accepted for membership of CILTNZ, I agree to my name, professional address, contact telephone number and email address being published by CILTNZ to other members of CILTNZ, the Institute and other National Sections.

Name

Signature **Date**

Please return this Application Form to:

The Chartered Institute of Logistics and Transport in New Zealand Inc.
PO Box 1281 | Shortland Street | Auckland | New Zealand
Telephone: 64-9-368 4970 | Facsimile: 64-9-368 4971 | Email: info@cilt.co.nz | Web: www.cilt.co.nz