



**The Chartered
Institute of Logistics
and Transport**

Individual Application to Join as Associate Member

Title Last Name Given Name(s)

Address (To be used for all CILT NZ business)

Work Phone Home Phone

Fax Mobile

Email Date of Birth

Present Employer

Employers Address

Type of Business

Current Position Held / Job Title

Time in Position

There are other Grades of Membership based on qualifications, experience and knowledge. Please send me full details: Yes No

My cheque for (incl. of GST) for Associate Membership made out to Logistics and Transport New Zealand Inc. is attached and forwarded with this form.

OR:

Charge my credit card VISA / MASTERCARD (delete one) sorry no AMEX / DINERS

Name on Card Card Number

Expiry Date CVW No.

UPON PAYMENT BECOMES TAX INVOICE. GST REG 13-011-370

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

Applicant's 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