



**The Chartered
Institute of Logistics
and Transport**

Individual Application to Join as CILT Young Professional Member (under 35 years of age)

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 payment of (incl of GST) for CILT U35 Membership is enclosed by means of a cheque made out to The Chartered Institute of 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 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.

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