



The Chartered Institute of Logistics and Transport

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APPLICATION TO JOIN CILT MENTORING PROGRAMME

Given Name _____ Last Name _____

Address _____

Email _____ Date of Birth _____

Phone Mobile _____ Work _____ Home _____

Current Employer _____

Type of Business _____

Current Role/Job Title _____

Time in Position _____

Are you a CILT member YES/NO Grade: _____

Applicants Signature _____

Please email the completed form to info@cilt.co.nz and copy accounts@cilt.co.nz
An invoice will be issued by email to the supplied address for online payment.
Please enter the invoice number and your surname in the reference fields. Your application will be considered upon payment.

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