



Application for Associate Membership

Application fee: **\$95.00**

Application fees are payable with your application. Bank Account Number: **02-0568-0419074-000**
Should your application be accepted your subscription will then become due and payable.

Under AMINZ By-Laws, an Associate member is a person who satisfies Council that they have sufficient knowledge of dispute resolution processes through experience and/or training to fulfil the requirements for admission as an Associate member.

Refer to By-Law 6, schedules 1(A) and 1(B) for more information about the requirements for admission and the matters you will need to evidence in your application.

APPLICANT'S DETAILS

SURNAME:

FIRSTNAMES:

Mr / Ms / Mrs / Miss / Dr, etc.

Designatory letters (if applicable):

ADDRESS:

POSTCODE:

TEL:

EMAIL:

MOBILE:

WEBSITE:

PRINCIPAL PROFESSION / OCCUPATION: PRESENT POSITION:

NAME OF EMPLOYER/FIRM:

Have you previously made an application for membership with AMINZ?

No

Yes

If so, please provide details.

PUBLICATION OF PERSONAL DETAILS

Your name and contact details will be listed on the AMINZ website at www.aminz.org.nz. By signing this application form you are agreeing to your name, membership status, contact details and other details normally listed on the website being made available to the public. The Institute reserves the right to edit any information provided. It is your responsibility to ensure that the details on the website are correct and current. AMINZ accepts no responsibility for information that is out of date or incorrect.



Please list your qualifications, and attach any proof.

Please list any other training, relevant to dispute resolution, (eg: seminars, tertiary courses and webinars etc:

**Please list your practical experience, in dispute resolution.
Attach supporting information which demonstrates any processes you have conducted.**


MEMBERSHIP OF OTHER PROFESSIONAL OR OCCUPATIONAL INSTITUTIONS**REFEREES**

Each applicant should be sponsored by two referees who, from their personal knowledge of the candidate, can support the applicant as a fit and proper person. It is preferred that the referees are members of AMINZ. If this is not possible the names of two referees who have known the applicant professionally for a number of years should be given. Please note that referees will be contacted by your membership assessor and interviewer.

FIRST REFEREE

Name:

Telephone:

Email:

Number of years the referee has known the applicant:

SECOND REFEREE

Name:

Telephone:

Email:

Number of years the referee has known the applicant:

Have you ever been charged with professional misconduct by a professional body or association or been subject to disciplinary action?

 No

 Yes

If yes, please provide details:

Have you ever been convicted of a criminal offence?

 No

 Yes

If yes, please provide details:

DECLARATION

(a) I, the undersigned, hereby apply for admission to membership of the Arbitrators' and Mediators' Institute of New Zealand Inc. and do agree, if admitted, to comply with the Rules and By-Laws and any subsequent amendments and/or alterations thereto which may be made.

(b) I certify that the above details are correct.

Signed by Applicant _____ Date ____ / ____ / ____

Thank you for your membership application.

You will be contacted by the Membership Administrator regarding your application.

Applications usually take 25 working days to process, including an interview, after which time the application is presented to Council when it next meets. Council meets every four months or so to consider applications. If you have any questions regarding your application or the process please contact the AMINZ office: **0800 426 469** or **membership @aminz.org.nz**.