



APPLICATION FOR CHAPTER MEMBERSHIP

(Please note that you must first be a member of ASIS International)

Name:

ASIS International Membership Number:.....

Postal Address:

.....

Physical Address:

.....

Place of Work:

Phone: H W

Fax:

Email:

Dated: Signed:

Payment Options

Cheque. Enclosed is my Cheque for NZ\$90.00 in favour of ASIS New Zealand Inc.
(Please ensure your ASIS Member Number is written of the reverse of the cheque)

Please debit my: Mastercard Visa

Card No.

Cardholder Name:

Expiry Date: with the sum of NZ\$90.00

Signature:

The Treasurer
ASIS New Zealand Inc.
PO Box 12 458
Penrose
AUCKLAND