



**National President**

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**National Secretary**

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[secretary@nziam.org.nz](mailto:secretary@nziam.org.nz)

**APPLICATION FOR MEMBERSHIP  
NEW ZEALAND INSTITUTE OF ANIMAL MANAGEMENT**

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*Application Guidelines*

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Warranted Officer:                      Yes                     

*Please provide a copy of Warrant of Appointment (mandatory)*

- Be nominated by a current Financial Member of the Institute
- Be signed off by the local branch, President and/or Secretary
- This application must be signed by you and your employer
- Send your completed application to your affiliated Branch Secretary/President

*Approval to be a member of the Institute incurs a membership fee. For information on membership fee subscriptions please contact the National Treasurer [treasurer@nziam.org.nz](mailto:treasurer@nziam.org.nz)*

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Postal Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

Authorised Person \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_

Nominator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Branch \_\_\_\_\_

Accepted                      Yes                      No

Reason for Application declined \_\_\_\_\_

Branch President Signature \_\_\_\_\_

Branch Secretary Signature \_\_\_\_\_

*All completed applications are to be forwarded to the National Secretary to be processed Email to [Secretary@nziam.org.nz](mailto:Secretary@nziam.org.nz) or post to Andrea McMurray c/- Ashburton District Council, PO Box 94, Ashburton 7740*

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Executive Use Only

National President \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

National Secretary \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_