



Website: [www.ipps.org.nz](http://www.ipps.org.nz)

## Application Form for Student Membership

Mr/Mrs/Miss/Ms/(Please Delete) \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Employer (If applicable) \_\_\_\_\_

Position: (If applicable) \_\_\_\_\_

Postal Address: \_\_\_\_\_  
(If Applicable)

Home Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Post Code: \_\_\_\_\_

Bus Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Bus Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

### Student Membership

Student Membership will be free and each membership will be for two years with one right of renewal, by application, for a maximum of a further two years. The criteria for eligibility for student membership is as follows:

- The individual **must provide proof of enrolment** in any NZQA approved programme of study to qualify for Student Membership
- The individual should provide details of a contact person from their education institution or training provider who is able to confirm their student/trainee status if required
- Student Membership will apply whether someone is studying full time or part time.

Name of programme or course you are studying: \_\_\_\_\_

\_\_\_\_\_

**Please attach proof of your enrolment e.g. student identification card or fees receipt to this application**

Student/trainee NZQA identification number: \_\_\_\_\_

Expected date of completion of your programme/course: \_\_\_\_\_

Name of Education/Training Provider: \_\_\_\_\_

Education Institution/Training Provider website address: \_\_\_\_\_

Education Institution/Training Provider Contact Person: \_\_\_\_\_

Contact Person Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**PROFESSIONAL INTERESTS** – Please indicate your fields of interest.  
(This information will be used to help members with particular interests to make contact with each other.)

- |   |   |
|---|---|
| <b>A</b> Advisory, Extension and Consultancy        | <b>B</b> Bedding Plants                             |
| <b>C</b> Computers                                  | <b>D</b> Propagation and Nursery Management         |
| <b>E</b> Education                                  | <b>F</b> Fruit Trees, Nuts, Vines                   |
| <b>G</b> Greenhouse Production                      | <b>H</b> Herbaceous Perennials and Alpines          |
| <b>I</b> Irrigation, including mist and fog systems | <b>J</b> Container Production                       |
| <b>K</b> Field Production                           | <b>L</b> Liner Production                           |
| <b>M</b> Micro Propagation and Tissue Culture       | <b>N</b> Nutrition and Soil Media                   |
| <b>O</b> Ornamental Shrubs, including evergreens    | <b>P</b> Plant Breeding and Selection               |
| <b>Q</b> Equipment Suppliers                        | <b>R</b> Research                                   |
| <b>S</b> Seeds, Seedlings and Plug Production       | <b>T</b> Trees, including forestry                  |
| <b>U</b> Climbing Plants                            | <b>V</b> Vegetative Propagation, including grafting |
| <b>W</b> Native Plants                              | <b>X</b> Xeriscape Plants (desert plants)           |
| <b>Y</b> Marketing and Promotion                    | <b>Z</b> Plant Protection, including IPM            |

**Plant Interests** (enter up to 3 plants): \_\_\_\_\_

**Other Interests:** \_\_\_\_\_

My application for membership is supported by an existing IPPS NZ member

\_\_\_\_\_  
(Name of member)

\_\_\_\_\_  
(Signature)

If you require help with this please tick box as we can assist.  Help needed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act 1993** - Some of the information provided by you in this application form will be stored in IPPS files both in New Zealand and by the International Board. Furthermore, your name and address along with your interests will appear in both the New Zealand and International Membership Directory. By signing this application form you are giving consent to such actions.

Please return the completed application form to:

**Glenys Evans**  
**IPPS Secretary**  
**P O Box 98**  
**Waikanae 5250**

**Phone 04 293 2501 Fax 04 293 5450 Email gus@gusevans.co.nz**