



Website: 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) _____

Mail Preference: _____ (Enter **B** for Business or **H** for home – although most information is sent by Email)

Bus. 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 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.

Programme you are enrolled in: _____

Please attach evidence of this.

Education Institution _____
or Training Provider:

Address: _____

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.)

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

Plant Interests (enter up to 3 plants): _____

Other Interests: _____

My application for membership is supported by (an existing member): _____
(Name)

(Signature)

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

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.

Applicants Signature: _____ Date: _____

Please return the completed application form to:

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

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