



**MEMBERSHIP APPLICATION / MEMBERSHIP RENEWAL (2010/2011)**

I wish to apply for membership of the NZILA   
I wish to renew my membership of the NZILA

*(Please tick the appropriate box)*

Last Name..... First Names.....

Title *(Please circle)* Mr / Mrs / Ms / Miss

Firm.....

Postal Address.....

Email Address.....

**PAYMENT**

I **enclose** a cheque for \$30.00 made out to the NZILA being the annual membership fee for the financial year commencing 1 July 2010. The Association is not registered for GST purposes. Membership fees are to be paid in advance and become due on the 1st of July each year. There is no application fee for those applying for membership of the NZILA.

**DECLARATION OF THOSE APPLYING FOR MEMBERSHIP**

I, the undersigned, apply for membership of the New Zealand Insurance Law Association Inc. I confirm that the above information is correct. I support the Association's objects and agree, if admitted, to comply with the Rules and any subsequent amendments and/or alterations thereto which may be made.

**PRIVACY ACT**

Your details may be passed to other entities who wish to communicate with you on insurance related matters. If you do not wish your details passed on please tick

Signature..... Date.....

Please Post to: Frank Rose  
New Zealand Insurance Law Association Inc.  
C/ - Keegan Alexander  
P O Box 999  
**AUCKLAND**