



## CHANGE OF MEMBER DETAILS FORM

Applicant Details:			
<i>Contact details in applicant section will be used by CBIP for all email or written communication</i>			
CBIP * Number		First Name *	Surname *
Contact Address*			
Phone:		Cell phone:	
Email Address		Fax:	

Employment Details:	
Employer *	
Postal Address:	
Phone: <i>(if different from above)</i>	Email Address <i>(if different from above):</i>

Membership Type – click below to select *

Signature \*

Date \*

Please post to: **CBIP**  
**PO Box 8056**  
**New Plymouth**

Fax : 06 759 4360  
Email: [cbip@clear.net.nz](mailto:cbip@clear.net.nz)