



MEMBERSHIP APPLICATION 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 *

Please select/tick applicable membership type

FEES
01 July - 30 June
Refer to the current Fee Schedule

Payment Details:	
Payment Method: <input type="checkbox"/> Cheque <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Order <input type="checkbox"/> Number <i>Please attach</i>	
Card Number:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiry Date: / / Name on card:	
(mm / yyyy)	
Internet Banking: ----- <i>Please include CBIP number & surname with transaction</i>	

Signature *

Date*

Postal Address **CBIP**
PO Box 8056
New Plymouth

Fax : 06 759 4360
Email: cbip@clear.net.nz

fax and email applications are welcome for credit card payment or internet banking