Please Attach a Business Card (Optional)	TRUSTEESNZTA™ASSOCIATIONYou can join NZTA on-line at www.nzta.org.nz
NZTA MEMBERSHIP APPLICATION FORM	
Applicant details, for Corporate Membership please list a Contact Person Title First Name Last Name	
Phone ()	
Credentials (eg QSO, JP, LLB, CA)	,MNZTA
Postal Address for correspondence	
Website www	
Email	
Profession (eg. Accountant, Lawyer, Trustee)	
List your Business on the NZTA website Trust Professional's page? \$45.00 Yes / No Who are your 2 x primary Boards, Foundations or Trusts (Privacy precluding please state "Private Trusts"):- 12 Total years as TrusteeNo. of trusts administeredAssets administered \$M/K (Optional) MEMBERSHIP LEVELS	
MEMBERSHIP L	EVELS PLEASE TICK √
$\underline{ m ASSOCIATE}$ (For Individuals only, name only listed in NZTA publications and website directory)	
$\overline{ m FAMILY\ TRUST\ MEMBER}$ (For Trustees & Beneficiaries of Family Trusts, no listing for privacy) 57.50 \odot	
$\underline{\mathrm{MEMBER}}$ (Trustees, School Trustees, Board Members, Trust Administrators) $\dots $ 84.50 \odot	
SENIOR MEMBER (Chair, President, Senior Trustees, Directors, Executives, Practitioners & Senior Admin)\$ 115.00 \odot	
$\overline{ ext{CORPORATE MEMBER}}$ (Open for Firms, Corporate Bodies, Trusts)	
<u>Corp Membership is for:</u> Firm/Practice ^O Trust Company/Trustee Co. ^O Trust/Board ^O	
PAYMENT DETAILS	
Invoice is to be posted O Payment attached O Total Payable \$	
Subscription Funder: Individual $^{\bigcirc}$ Firm/Practice $^{\bigcirc}$ Trust Company /Trustee Co. $^{\bigcirc}$ Trust/Board $^{\bigcirc}$	
Signature Trust Position Date//	
You may nominate a current NZTA Member for a one-off 30% subscription discount for initiating your subscription here- Current Members Name	
Please Complete & Post to: NZ Trustees Association, PO Box 1228, Wellington, NZ	
Office Use: First Received// NZTA No: (Please circle) Journal: Posted Invoiced Weblisting: Invoiced Membership Discount Voucher: Posted	