

# Application Form for Membership 2010

Mr/Mrs/Miss/Ms/Dr (Please Delete) Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Mail Preference: \_\_\_\_\_ (Enter **B** for Business or **H** for home)

Bus. Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Post Code: \_\_\_\_\_

Bus Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Bus Fax: \_\_\_\_\_

Home Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

## Annual Subscription: (Indicate which option)

**Option 1** Includes the Annual Combined International Proceedings (the Black Book). All prices include GST  
Full year (January - December)  
With Black Book \$170  
With CD \$144  
Black Book and CD \$212  
Half year (if joining after 1st June) \$56.25 Book or CD not available after 1st June

**Option 2** Does not include the Combined International Proceedings  
Full year (January - December) \$103  
Half year (if joining after 1<sup>st</sup> June) \$56.25

## Student Subscription - available to students **and** those under 22 years old: (Indicate which option)

Educational Institution: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Option 1** Includes the Annual Combined International Proceedings in CD form  
Full year (January - December) \$96

**Option 2** Does not include the Combined International Proceedings  
Full year (January - December) \$69

\*\*\*\*\*

**Payment:** All applications must be accompanied by payment of one year's fees.  
Should membership be declined, a full refund will be immediately returned.

**Please Indicate Amount Paid:** \$ \_\_\_\_\_

**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.)

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

**Plant Interests** (enter up to 3 plants): \_\_\_\_\_

**Other Interests:** \_\_\_\_\_

**Propagation Experience & Employment History involving Plant Propagation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My application for membership is supported by: (Three existing members)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Name) (Name) (Name)

\_\_\_\_\_  
(Signature) (Signature) (Signature)

**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, together with your subscription payment to:

**Glenys Evans**  
**P O Box 98**  
**Waikanae**  
**Phone: 04 293 2501**  
**Fax: 04 293 5450**