



NZPI INTERMEDIATE MEMBERSHIP REQUEST FORM

Who should be using this form:

- ✓ You are a current Graduate member of NZPI
- ✓ You have completed a [NZPI recognised planning degree](#)
- ✓ You are currently working within the planning field, having **at least 2 years of work experience** in the profession

1. Personal Details

Surname:	First Name:
Date of Birth:	Ethnicity:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (please specify)	
Employment - Name of Company:	
Job Title:	
Preferred Email Address: This email address will be used to provide NZPI correspondence, newsletters, annual membership renewal invoices. The most frequently accessed email address is recommended. Notification preferences can be adjusted at any time by updating your profile in the Member area of the website.	
Business Phone:	DDI Phone:
Home Phone / Mobile:	
Billing Address:	Company: Street or Box: Suburb: City: Country: Postcode:
Postal Address:	Company: Street or Box: Suburb: City: Country: Postcode:
University at which you studied:	
Name of Qualification:	
Date Officially Graduated: Please attach correspondence from the University confirming completion of the qualification. If you gained your degree at Lincoln University we will require a copy of your transcript AND the appropriate correspondence confirming the completion of the qualification.	
Are you a member of any other Professional body? If YES please specify:	

2. Statement of Experience

This statement should demonstrate the breadth and depth of work experience to date. It should be in chronological order clearly show the employer, the position of the applicant, and the time spent in each type of experience.

If you have worked in one area of planning, or haven't had a great breadth of work experience, please don't let that deter you from considering making an application.

Corroborators: Must have had close contact with the applicant and be able to confirm the experience. They do not need to be NZPI members.

SAMPLE LOG

Details of Experience	Corroborator
<p>Employer: ABCD Planning Group Job Title: Planning Consultant Period: September 1997 to February 1999 Details of Position/Job Responsibilities:</p> <ul style="list-style-type: none"> Consultant Planner for XYZ Council assessing resource consent applications and checking building consents for planning requirements Participated in the Asset Management Team developing 50 year plans for EFG Council 	<p>Clint Eastwood</p> <p>Clint Eastwood</p>
<p>Employer: EFG Council Job Title: Planner (Policy) Period: March 1999 to January 2000 Details of Position/Job Responsibilities:</p> <ul style="list-style-type: none"> Set up and managed an Urban Design Unit (3 different professional disciplines) Supervised preparation of "environment" aspects of District Plan Wrote development strategies (e.g Town Centres Strategy, Central Areas Strategy) Provided landscape, heritage and urban design service to Council 	<p>Kenny Rogers</p> <p>Kenny Rogers</p> <p>Kenny Rogers</p> <p>Debbie Reynolds</p>
<p>Employer: HIJ Council Job Title: Senior Planner Period: February 2000 to date Details of Position/Job Responsibilities:</p> <ul style="list-style-type: none"> Developed and managed street decoration systems for Olympic Games (\$1.2M) Acted as member of Council's Planning Applications Sub-Committee (quorum of two) Developed Central Area Plan for Greenleaf Ward (member of team) 	<p>Clint Eastwood</p> <p>Clark Gable</p> <p>Clark Gable</p>

Summary (of time period covered by this sheet in months)	
Total time (in months)	39

Corroborators: must have had close contact with the applicant for the experience they countersign.

	Name	Position	Qualifications	Signature
1	Clint Eastwood	Resource Manager (was with ABCD Group then moved to work with HIJ Council)	Ph.D, B.Arch	Clint Eastwood
2	Kenny Rogers	Strategy Planning Manager	-	Kenny Rogers
3	Debbie Reynolds	Heritage Manager	B.Arch	Debbie Reynolds
4	Clark Gable	Director of Planning	Planning. REP	Clark Gable
5				

PLEASE COPY THIS FORM AS REQUIRED

Statement Of Experience

(to accompany Intermediate membership request form)

Full Name of Applicant: _____
(Full name in BLOCK LETTERS)

This statement should demonstrate the breadth and depth of work experience to date. It should be in chronological order clearly show the employer, the position of the applicant, and the time spent in each type of experience.

Corroborators: Must have had close contact with the applicant and be able to confirm the experience. They do not need to be NZPI members.

PLEASE COMPLETE THE DETAILS BELOW:

Details of Experience	Corroborator
Employer: Job Title: Period: Details of Position/Job Responsibilities:	

Summary (of time period covered by this sheet in months)	
Total time (in months)	

Corroborators: must have had close contact with the applicant for the experience they countersign.

Name	Position	Qualifications	Signature

PLEASE COPY THIS FORM AS REQUIRED

3. Applicant Declaration and Authorisation

Please tick to confirm acceptance:

- I, the applicant, desire to be elected as an **Intermediate member** of the New Zealand Planning Institute. I declare that if my application is approved I will abide by and observe the provisions of the [Constitution and Regulations](#) and I will pay the subscriptions prescribed.
- I, the applicant, confirm that all the particulars given in this application are true and correct to the best of my knowledge and belief. Furthermore, I authorise the New Zealand Planning Institute to verify disclose and/or use the provided information in this application for purposes relating to the Institute's Constitution, Regulations and Policies.
- As part of your membership benefits, the NZPI will communicate with you by email to keep you informed of the NZPI's activities and services. If you wish to opt out of this service please tick here

The New Zealand Planning Institute often receives enquiries from people wanting to contact members. To enable such people to make direct contact, please tick the boxes below confirming which information you are comfortable being shared with others.

I authorise NZPI to disclose the following information over the telephone at the request of the general public:

- Work Number
- Mobile Number
- Email Address

*The New Zealand Planning Institute undertakes to collect, use and store the information provided on these forms according to the principles of the Privacy Act 1993.

Name of Applicant:

Signature of Applicant:

Date:

Please scan and email send your completed form to membership@planning.org.nz



OFFICE USE ONLY

✓ YES | X NO

- NZPI Accredited Degree
- Invoice Generated
- Statement of Experience Provided
- Change of Mem. Spreadsheet Completed
- Grad Cert / Acad. Transcript Provided
- Acknowledgement Letter
- 2 years work experience
- Update Database inc. Notes
- Declaration and Authorisation Completed
- Merge and Save
- Application Approved

CPD Required

[In Current Year]

CPD Exception Provided (if applicable)

Processed By

Date