

## Application for Associate Student Membership

Associate Student Membership is for those who are studying design at a recognised school of design, tertiary or university. This membership type lasts until the student graduates.

Given Name(s).....

Family Name.....

**Please nominate your preferred address to receive – Membership Certificates, BeST Design Awards Annual or Prodesign (courier & postal)**

Preferred Postal: .....

.....

Preferred Physical: .....

.....

Home Phone..... Mobile.....

E-mail..... Fax.....

Name of Education Institute.....

Student ID.....

### Design Sector

**Design sector in which I am seeking membership (please nominate one only):**

- Spatial                       Graphics                       Product  
 Design Management    Interactive Media            Craft/Object

### Membership Fee

**Associate Student Membership** - \$54.00 per annum  
(No enrolment fee and no part payment of annual subs)

- An invoice for Associate Student membership is from 1<sup>st</sup> April to 31<sup>st</sup> March of the following year
- An automatic renewal invoice will be sent to you on 1<sup>st</sup> April of the following year unless we are advised in writing/email that you do not wish to renew your membership.
- Please ensure you advise the DINZ office when you have graduated and are eligible for Associate Graduate Membership.
- Please ensure you advise the DINZ office of any contact detail changes.

## Payment Options

The membership fee of **\$54.00** (including GST) can be paid by:

- Direct payment** into the Designers Institute of New Zealand account, Westpac, Newmarket 030195 0230868 00.
- Cheque** payment, please enclose cheque payable to Designers Institute of New Zealand, posted to PO Box 109 423, Newmarket, Auckland.
- Credit Card** payment Visa/Mastercard (details as below).

Name on the Card: .....

Card No: .....

Expiry date ..... Signature .....

**Declaration:** I the undersigned apply for membership of the Designers Institute of New Zealand Incorporated. I hereby state that the above information is correct and I support the Institute's objectives. I acknowledge that the Designers Institute may from time to time make my name available to other members and or suppliers to inform me about goods and services. In the event that I do not want my name made available in this manner, I will advise the Institute in writing.

Signed ..... Date .....

Once your membership application has been fully processed and the membership subscription has been paid your details will be added to our Website Database and forwarded to AGM Publishing who distributes the ProDesign magazines.

If you do not wish your details to appear on the DINZ website please tick here