

2017 MEMBERSHIP RENEWAL FORM

Please take the time to complete the form and return to us, by fax, email, post or delivery to the PNGID Secretariat Office with your payment. Note this data will also assist in updating our database and will not be disclosed unless stated otherwise by the member.

Member Data:

Membership Grade: *Fellow* *Professional* *Associate* *Cadet*

Please indicate whether n Member of AICD *Fellow* *Member*

GIVEN NAME: _____

ORGANIZATION: _____

QUALIFICATION: _____ DESIGNATION: _____

TELEPHONE/MOBILE: _____

EMAIL ADDRESS: _____

ATTENDED DIRECTORS TRAINING: **PNGID / AICD / NZID / OR EQUIVALENT / NONE**

BOARD MEMBERSHIPS:

Company: _____ Legal Structure _____ Start Date: _____ End Date: _____

Membership Renewal Fee:

Fellow/Professional Member - K 300.00

Associate Member - K 190.00

Amount: K..... CHQ NO: Bank/Branch:

Cheque payments to **PNG Institute of Directors** or Direct Deposit into account:

ACCOUNT NAME: PNG Institute of Directors
ACCOUNT NO: 1001152630; BSP/BSP Haus Branch
SWIFT CODE: BOSPPGPM
BSB: 088950

Signed:

.....
(Signature of Member)

...../...../.....
(Date)