



The Papua New Guinea Institute of Directors Inc.

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Location: FACE BUILDING, Ground Floor, Musgrave Street, Downtown

APPLICATION FOR MEMBERSHIP

Professional Member

Associate

(*Please tick appropriate membership box*)

1. Name: _____ Position: _____

2. Business Address: _____

3. Business Telephone: _____ Fax: _____ E-mail: _____

4. Commencing with the most recent/current appointments, please provide details of your present and past Directorships and Board appointments:

Name of Organisation	Country	Legal Structure <small>(Private Co. - Pub. Co. - Inc. Assoc. - Trust Statutory Body - Council - Landowner Grp)</small>	Dates	
			From	To

5. Detail any formal training that you have had in the role, duties and responsibilities of being a Director.

6. Membership of other professional bodies

7. a) Have you ever been:

- Convicted of a criminal offence? YES NO
- Found guilty of misconduct in office (as defined under the Leadership Code?) YES NO
- Bankrupt or insolvent? YES NO

If you have answered 'YES' to any of the foregoing, please give details:

8. Nominated and seconded by a current financial professional member of the PNG Institute of Directors. (Print name and sign)

Nominated by: _____ Signature: _____

Seconded by: _____ Signature: _____

9. Declaration

To the best of my knowledge and belief the foregoing information is correct. I have read the information provided and hereby apply for membership of the PNG Institute of Directors. I agree that I will abide by the Institute's Constitution and Rules of Association and the Institute's code of Professional and Ethical Conduct.

Signed:

Date:

NOTE:

Applications are considered by the Membership Committee and recommendations presented to the Board. Decisions on membership are advised in writing.

In its deliberations the Membership Committee may seek further clarification of information that you have provided. If an application is refused, the entrance fee is refunded in full.