

MEMBERSHIP RENEWAL FORM

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

Member Data:

<i>Year</i>	<i>Membership Grade:</i>	<input type="checkbox"/> <i>Fellow</i>	<input type="checkbox"/> <i>Professional</i>	<input type="checkbox"/> <i>Associate</i>	<input type="checkbox"/> <i>Cadet</i>
<i>Please indicate whether member of AICD</i>		<input type="checkbox"/> <i>Fellow</i>	<input type="checkbox"/> <i>Professional Member</i>		
GIVEN NAME:					
MEMBERSHIP No:					
DATE JOINED:					
ORGANIZATION:					
POSITION:					
MAILING ADDRESS:					
TELEPHONE/MOBILE:					
WORK EMAIL:					
PERSONAL EMAIL					

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

BOARD MEMBERSHIPS:

Company: Legal Structure Start Date: End Date:

INSTITUTE OF DIRECTORS

Membership Fee:

Fellow/Professional Member - **K 400.00**
Associate Member - **K 300.00**

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 | BANK: BSP |
BRANCH: Boroko | SWIFT CODE: BOSPPGPM | BSB: 088950

Signed:

.....
(Signature of Member)

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