

Membership Renewal Form 2025

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.

Membership Grade: Fellow Professional Associate Cadet Year:

Please indicate whether member of AICD: Fellow Professional Associate

Name: Membership No: Date Joined:

Gender: Post Nominal: DOB (Month/Year):

Organisation: Position:

Business Phone: Mobile Phone:

Work Email: Personal Email:

Mailing Address:

Physical Address:

Attended Director's Training?:

Board Memberships:

Company	Legal Structure	Start Date	End Date

Have you been:

Convicted of a crime? 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:

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.

PNG Institute of Directors Constitution and Rules of Association:

<https://pngid.org.pg/wp-content/uploads/2021/11/Constitution-and-Rules-of-Association-Amended-July-06-and-Oct-08.pdf>

PNG Institute of Directors Code of Ethics and Professional Conduct:

<https://pngid.org.pg/wp-content/uploads/2024/07/PNGID-Code-of-Ethical-and-Professional-Conduct.pdf>

I have read and agreed to the terms and conditions

Method of Payment: EFTPOS Online Payment

Payments into account:

ACCOUNT NAME: PNG Institute of Directors | ACCOUNT NO: 1001152630 | BANK: BSP |
BRANCH: Boroko | SWIFT CODE: BOSPPGPM | BSB: 088950

Signed:

Date:

NOTE: You can write your name as your signature and please 'save' before printing the form.