

Application for Membership

Name:	<input type="text"/>	Post Nominal:	<input type="text"/>
Gender:	<input type="text"/>	DOB (month/year):	<input type="text"/>
Business Phone:	<input type="text"/>	Mobile Phone:	<input type="text"/>
Employer:	<input type="text"/>	Current Position:	<input type="text"/>
Work Email:	<input type="text"/>	Personal Email:	<input type="text"/>
Business Address:	<input type="text"/>		Physical Address:
	<input type="text"/>		

Membership Category Applied for: Professional Associate Cadet

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

Name of Organisation	Country	Legal Structure	Dates

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

Membership of other professional bodies.

Have you ever 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:

Nominated and seconded by a current financial professional member of the PNG Institute of Directors.

Nominated by:

Seconded by:

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/2021/09/Constitution-and-Rules-of-Assoc-Amend-Apr-2011.pdf>

PNGID Code of Ethics and Professional Conduct:

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

Once approved by the PNG Institute of Director's Board, an invoice will be sent through for payment.

I have read and agreed to the terms and conditions.

Signed: _____

Date:

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