



Professional Verifiers' Institute Inc Application Form

Full explanations of the terms of this application form can be found in the PVI rules available on the PVI website www.professionalverifiersinstitute.org.nz

Salary Deduction/Authority: (Please tick)

I authorise the following:

- A deduction of subscription fees from my salary payment: Fee 0.55% of salary. This applies for full members and associates.
- A payment of \$15.00 per month by automatic payment for casuals, using bank account number:
Westpac: 03-1700-0612264-000

Personal Details (Please complete)

First name(s) Last name

Female Male Other preferencePreferred name (if different from above).....

Please indicate if you identify as Maori, Pacific Islander or another ethnic group.....

Premises ME number (if applicable)

Site(s)/Address.....

Work Cell () Work Phone ()..... Work Email

Home address: Number and Street Suburb

Town/City Postcode

Hm phone () Preferred Home email

Member Status (Please tick)

- I apply to become a member of the Professional Verifiers' Institute Incorporated -
Members include full-time and part-time verifiers, and those in the occupational groups listed below;
- I apply to become an Associate member of the Professional Verifiers' Institute Incorporated -
Associate Members include members who work for other MPI Directorates or have left MPI employment.

Occupational Group (Please tick or complete)

- I am a Travelling Technical Supervisor Verifier
- I am a Veterinary verifier (includes, Establishment, Circuit Live animal reliever)
- Team manager/Team Leader
- Specialist/Technical advisor
- Incursion and Investigation Animal Health Team Veterinarian
- Other (please state)

Membership Declaration: (Please complete, sign and date)

I (your name) apply for membership status of the Professional Verifiers' Institute Incorporated (PVI).

- In accordance with the Employment Relations Act 2000, I authorize PVI to act for me in all matters relating to the bargaining and enforcement of my employment agreement subsequent to the signing of this form, including representing me under S236 of the above Act.
- I hereby agree to abide by the PVI Constitution.
- I consent to the disclosure of the information given on this form to the authorized officers and agents of PVI for purposes of bargaining and enforcement and for access to other membership benefits.
- **This authority continues in force until I withdraw it in writing, cease payment or leave MPI and have not applied for casual status.**

Signed Date

Please return this completed form by scanning and emailing to professionalverifiersinstitute@gmail.com .

OFFICE USE		
Processed date.....	Payroll notification <input type="checkbox"/>	Register No Date financial