**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](http://www.professionalverifiersinstitute.org.nz)

**Salary Deduction/Authority: (Please tick)** I authorise the following:

A deduction of subscription fees from my salary payment: Fee 0.70% of salary. This applies for full members.

A payment of $20.00 **per** month by automatic payment for associates, using bank account number Westpac - 03-1700-0612264-000

Casuals will pay a fee of 0.70% of their worked hours based on VTS2 rates as a 6-monthly lump sum.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** (Please complete) | | | | | | |
| First name(s) | |  | | Surname | |  |
| Preferred name | | *(if different from above)* | | | | |
| I Identify as | | Female  Male  Other | | | | |
| Base Premises ME number | | (if applicable): | | | | |
| Office Address |  | | | | | |
| Work Email |  | | | | | |
| Work Cell | (64) | | Work Phone | | (64) | |
| Home address Number and Street |  | | Suburb | |  | |
| Town/City |  | | Postcode | |  | |
| Home phone |  | | Preferred Home email | |  | |

**Member Status (Please tick)**

I apply to become a member of the Professional Verifiers' Institute Incorporated - Members include full-time, part-time and casual 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)**

Role at MPI:

Travelling Technical Supervisor (TTS)

Team Manager/Team Leader (TME/TL)

Surveillance and Incursion Investigation Animal Health Veterinarian (SII)

Veterinary Verifier (includes, Establishment, Circuit Live animal, Reliever, Casual)

Technical Specialist / Advisor

**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** [support@professionalverifiersinstitute](mailto:support@professionalverifiersinstitute).org.nz | | | | | | |
| **OFFICE USE** | | | | | | |
| Processed date |  | Payroll notification | Register No |  | Date financial |  |