

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 0.70% 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

Casual member's fee will be subtracted by payroll after each relief event.

Personal Details (Please complete)			
First name(s)		Surname	
Preferred name	<i>(if different from above)</i>		
I Identify as	Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>		
Base Premises RMP identifier	<i>(if applicable):</i>		
Office Address			
Work Email			
Work Cell	(64)-	Work Phone	(64)-
Home address Number and Street		Suburb	
Town/City		Postcode	
Home phone(s)		Personal 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)

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 membership benefits.
- This authority continues in force until I withdraw it in writing, cease payment or have not applied for casual status.

Signed		Date	
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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