



Association of Dispute Resolvers

INDIVIDUAL MEMBERSHIP APPLICATION FORM

1. Applicants Details

Last Name: _____

First Name: _____ Title:(Mr/Ms/Mrs/Dr etc. _____)

Preferred First Name: _____

Mailing Address(*Business*): _____

Tel: _____	Fax: _____
Email: _____	Mobile: _____

Mailing Address(*Private*) _____

Preferred Mailing Address: Business or Private (*please check one*)

Professional Information

Profession and Occupation

Current Work Role:

Experience as a Mediator/Conflict Management Professional:

Qualifications: (please attach supporting documentation)

Any Relevant Articles/Publications/Conference Presentations: (please provide details)

Type of Membership requested based on the criteria outlined in the Membership Guidelines: *(please check one)*.

On acceptance of membership subscription will be invoiced on a pro rata basis

Membership will apply for the period 1 July – 30 June each year.

<input type="checkbox"/>	Advanced Panel Member	\$450.00
<input type="checkbox"/>	Accredited Panel Member	\$316.40
<input type="checkbox"/>	Ordinary Member	\$210.93
<input type="checkbox"/>	Affiliate Member	\$105.47
<input type="checkbox"/>	Student Member	\$ 42.81

All subscriptions are inclusive of GST.

2. Referees

Two referees are required for applications for membership of LEADR NZ. See application guidelines for details.

3. Application Checklist

Check that you have included all the required documentation

- Application Form
- Referees verification
- Supporting documentation

4. Convictions

As you are applying for membership which involves a position of trust in the community, LEADR needs to be aware of any criminal convictions that may impact on your suitability for membership. In the last seven years immediately prior to this application have you had any criminal convictions or criminal charges laid against you that are currently pending hearing?

Yes No

If yes, please list:

<u>Court</u>	<u>Date</u>	<u>Charge</u>	<u>Sentence</u>
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5. Other Conduct

In the last three years, immediately prior to this application, have you been the subject of any of the following which could impact your suitability for membership:

- (a) Been declared bankrupt by the High Court of New Zealand.
Yes No
- (b) Been prohibited or disqualified from being a director of a company under the Companies Act 1955 or 1993. Yes No
- (c) Been prohibited from practicing as a barrister or solicitor because of your conduct. Yes No

If you have answered yes to any of the above please provide full details of the date, circumstances and duration of any Order made relating to this conduct.

6. Privacy Requirements

Publishing Membership Details

I authorize LEADR NZ to publish my name (and if appropriate my contact details) on the LEADR NZ website, to the LEADR membership and the in LEADR Membership Manual and if an advanced or accredited panel member to provide my name and contact details to appropriate organizations seeking my expertise as a mediator/conflict management professional. Yes No

LEADR NZ Newsletter

I authorize LEADR NZ to email me my LEADR NZ newsletter. Yes No

Membership Assessments

I authorize LEADR NZ to contact my referees if necessary as part of the membership assessment process. I consent under the Privacy Act 1993 to LEADR making any enquiry it considers reasonably necessary of my referees to determine my suitability for membership with LEADR.

Code of Ethics

I agree that in the event of my acceptance to membership of any category of LEADR NZ I will be governed by the Code of Ethics as they are or as they may be altered, and that I will advance the objectives of the Association as far as shall be within my power.

I certify that the information, in this application and in any supporting documentation, is correct. I acknowledge that if any of the information given above is not correct my membership with LEADR may be terminated.

Signature

Date

TO SUBMIT REFERENCE FORM

Mail or fax to: LEADR NZ, P O Box 10991, Wellington or, Fax: 04-4700111



Association of Dispute Resolvers

INDIVIDUAL MEMBERSHIP APPLICATION

REFERENCE FORM

Applicant's

Name:

1. Do you know the candidate professionally? Yes No

If yes, how long? _____ years.

What is your professional relationship to the candidate?

2. In your own words, explain why you consider the candidate suitable for membership and is a person of good character.

My Name: _____

My email address: _____

My LEADR Membership status: _____

Signature of Referee _____ Date: _____

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