



THE GEMMOLOGICAL ASSOCIATION OF NEW ZEALAND

APPLICATION FOR MEMBERSHIP

Section 1 - Details

Mr Mrs Miss Ms Dr

Surname

First Name Middle

Preferred First Name

Home Address

Business Name

Business Address

Phone

Home () Business ()

Mobile Phone

Fax

Home () Business ()

Email

Correspondence to

Home Business

I APPLY FOR:

FULL MEMBERSHIP
(QUALIFIED GEMMOLOGIST)

ASSOCIATE MEMBERSHIP
(NON QUALIFIED)

- I hereby make application for membership in the GANZ. As a member I agree to abide by the Memorandum and Articles of the Association.

- I understand that membership fees are not refundable.

Applicants Signature _____

Nominator

Address _____

Signature _____

Seconder

Address _____

Signature _____

The nominator & seconder must be current members of the Gemmological Association of New Zealand.
If no nominator or seconder can be found then a written reference from a responsible person must be provided.

I enclose \$60.00 subscription fee for one year

The Secretary
GANZ, PO Box 20, Shortland Street, Auckland, 1 1 40, New Zealand