



THE GEMMOLOGICAL ASSOCIATION OF NEW ZEALAND

APPLICATION FOR MEMBERSHIP



gemmology.org.nz

Section 1 - Details

Title Mr Mrs Miss Ms Dr

Name

Surname	
First Name	Middle
Preferred First Name	

Contact address

Phone

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Email

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Gemmological qualifications

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Interest in gemmology Student Jewellery Trade Valuer Hobby Other

I APPLY FOR:

FULL MEMBERSHIP (QUALIFIED GEMMOLOGIST)	<input checked="" type="checkbox"/>	ASSOCIATE MEMBERSHIP (NON QUALIFIED)	<input checked="" type="checkbox"/>
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I hereby make application for membership in the GANZ. As a member I agree to abide by the Memorandum and Articles of the Association.

Signature

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- I understand that membership fees are not refundable.

I have deposited \$120 joining & membership fee to account (ASB Bank) 12 3025 0324857:00 (use name as ref.)

I enclose a cheque for \$120 joining & membership fee

(Annual subscription is \$60, due 1st April each year)

Nominator

Name	<table border="1"><tr><td> </td></tr></table>	
Signature	<table border="1"><tr><td> </td></tr></table>	

Secunder

Name	<table border="1"><tr><td> </td></tr></table>	
Signature	<table border="1"><tr><td> </td></tr></table>	

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.

**Scan & send this application to the secretary: barchamkathryn@hotmail.com
or post to: The Secretary, GANZ, PO Box 20, Shortland Street, Auckland 1140**