

Independent Directors Association in PNG
Promoting Leadership & Good Governance

Please complete your membership application form as fully as possible.

PERSONAL DETAILS

Title: _____ Surname: _____
(MISS/MR/MRS/MS/OTHER)

Forename: _____

Gender: Female Male

Date of Birth: _____
(DAY/MONTH/YEAR)

Residential Address: _____

Home Telephone: _____ Mobile: _____

Email Address: _____

CURRENT ORGANISATION DETAILS

Organisation Name (in full): _____

Business Address: _____

Work Phone Number: _____ Ext. _____

Work Email Address: _____

What is the main activity of your organisation?

What is your annual turnover/budget?

How many employees are there at your organisation? _____

Is your organisation: Charity Association Community Co-operative
(THIRD SECTOR) Mutual Voluntary Other _____

PRIMARY ROLE DETAILS

Full Job Title: _____

Reporting To: _____
(JOB TITLE)

PROFESSIONAL EXPERIENCE

Total number of years of professional experience: _____
(INCLUDING PRESENT AND PREVIOUS ROLES)

Number of years a director a Director/Partner: _____
(IN YOUR PRESENT ORGANISATION)

Number of years a director a Director/Partner: _____
(IN YOUR PREVIOUS ORGANISATION)

Please provide details of your previous organisations below.
(CONTINUE ON A SEPARATE SHEET IF NECESSARY)

ORGANISATION _____ JOB TITLE _____
TURNOVER/BUDGET _____ FROM _____ TO _____
(MONTH/YEAR) (MONTH/YEAR)

ORGANISATION _____ JOB TITLE _____
TURNOVER/BUDGET _____ FROM _____ TO _____
(MONTH/YEAR) (MONTH/YEAR)

ORGANISATION _____ JOB TITLE _____
TURNOVER/BUDGET _____ FROM _____ TO _____
(MONTH/YEAR) (MONTH/YEAR)

Have you completed the PNGID Director Development Program? Yes No

If yes, date attended: _____ and venue: _____
(DAY/MONTH/YEAR)

CONTACT PREFERENCES

Preferred Mailing Address: Home Work

Preferred Email Address: Home Work

We will send you information and updates on IDAPNG products and services, however, if you would prefer to receive administrative emails only, please tick here

MEMBERSHIP FEES

Member Class:	Annual Fees:	Joining Fee:	Total Due:
<i>Associate</i>	K300	K100	K400
<i>Professional</i>	K500	K100	K600

DECLARATION

I hereby apply for membership of the Independent Directors Association in Papua New Guinea and agree to be bound by its Constitution and all rules and regulations made under it. The IDA's Constitution and Member Rules appear on our website (www.idapng.org/constitution).

I confirm that I do not have any unspent criminal convictions (other than for traffic offences); I am not an undischarged bankrupt; and I am not disqualified (by court order or voluntary undertaking) from being a director of any company or prohibited by law from being a director. I undertake to inform the Association's Board Secretary without delay if I ever become subject to such a conviction, bankruptcy or disqualification.

I undertake to conduct myself, both publicly and privately, in a professional manner and so as to uphold the Association's reputation and standing and not to cause embarrassment or distress to other IDAPNG members or its staff and not to represent publicly the views of the Association or to claim its support, without the consent of the Board (or of an officer or employee of the Association nominated by the Board for such purpose).

I agree that the Independent Directors Association may hold and process all personal and business information which I am supplying with this application form and any further information I supply during the course of my membership. I agree also that IDAPNG may use my Personal Information as set out in the Association's Privacy Policy**.

** The IDA's Privacy Policy is accessible online at www.idapng.org/privacy, or from the IDAPNG Membership Department (for contact details see bottom of next page). Information about members is kept strictly confidential in accordance with the Cybercrime Code Act 2016 and Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data (CETS No.108).

Signature _____

Date _____
(DAY/MONTH/YEAR)

Cheque
Please make cheques payable to the
"Independent Directors Association"

Amount _____
Please refer to membership fees
above to ascertain total due.

Credit/debit card
(Please complete all the fields below so that we can process your payment correctly.)

Card Type:

Visa Mastercard AMEX Maestro

Card number

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Card security code (mandatory)

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(For cards other than AMEX this is the 3 digit code on the signature strip on the reverse of your card. The AMEX security code is the 4 digit number on the front of the card)

Start date

M	M	Y	Y
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Expiry date

M	M	Y	Y
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Issue number (Maestro only)

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Registered cardholders name (as shown on card).

Registered cardholder's address.

_____ **Postcode** _____

Is this card a company card or a personal card?

Company card **Personal card (please tick)**

Signature _____

Date

D	D	M	M	Y	Y	Y	Y
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Please note: Following 14 days after processing payment no part of the fees paid are refundable.