

NON-PROFIT MEMBERSHIP 2021

Please return this form to:
P.O. Box 278, Port Moresby, N.C.D. 121
Email: director@idapng.org

Independent Directors Association in PNG
Promoting Leadership & Good Governance

ORGANISATION DETAILS

Organisation Name: _____

Registration Number: _____

Is your organisation a:

- Society Company Limited by Guarantee Trust Association
 Charity Co-operative Other _____

Commercial Premises: _____

Postal Address: _____

Work Telephone: _____ Facsimile: _____

Email Address: _____

NFP Sector:

- Social Services Education and Research Culture, Arts & Recreation
 Health Development & Housing Religious Group
 International NGO Law, Advocacy & Politics Environment/Sustainability
 Volunteerism Professional Association Other _____

Social Enterprise Sector:

- Food & Beverage Retail & Gifts Beauty, Health, Wellness
 Community Engagement Business Services Home Services
 Education & Training Events Management Other _____

CONTACT PERSON FOR ADMINISTRATIVE PURPOSES

Please send all correspondences relating to our organisation membership to:

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

Forename: _____

Gender: Female Male

Designation: _____

Work Phone Number: _____ Ext. _____

Work Email Address: _____

Email Address: _____

CONTACT PREFERENCES

Preferred Method of Contact: Email Phone Registered Post

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

MEMBERSHIP FEES

| Subscription Fees: | Fees (excl. GST): | Fee (incl. GST): |
|--|-------------------|------------------|
| <input type="checkbox"/> For 1 year: now to 31 December 2022 | K3,000 | K3,300 |
| <input type="checkbox"/> For 2 years: now to 31 December 2023 (10% discount) | K6,300 | K6,930 |
| <input type="checkbox"/> For 3 years: now to 31 December 2024 (15% discount) | K9,930 | K10,923 |

20% subsidiary discount (if applicable)

Name of Parent Company: _____

Note:

1. There is a K1,000 subscription fee for the first calendar year of joining regardless of an organisation's admission date.
2. The non-profit organisation annual subscription fee is increased by 10% each year.
3. The discount of 10% or 15% for upfront payment of two (2) or three (3) years membership fees is valid for new sign ups.
4. Membership will be confirmed only upon approval by the Board and payment of fees.
5. An invoice will be provided upon successful submission of the NFP application form.
6. Memberships are non-transferrable and fees paid are non-refundable.

How did you hear about IDAPNG?

- Advertisement Friends/Colleagues Media Coverage Website
 IDAPNG Activity IDAPNG Direct Mail IDAPNG Member Other

BOARD INFORMATION

Please attach a list of the organisation's current board members and their membership in the various board committees.

DECLARATION

On behalf of my organisation, I hereby apply for Corporate Membership (Non-Profit Organisation) with the Independent Directors Association in Papua New Guinea Incorporated (IDAPNG) and agree to be bound by its Privacy Policy, Constitution and By-laws. I consent to the collection, use and disclosure of personal data in accordance to IDAPNG's Privacy Policy and agree to receive related news and updates on member benefits, services, events and continuing Professional Director Development (PDD) activities. I confirm that the information provided above is true and correct.

Signature: _____

Date: _____

(DAY/MONTH/YEAR)

Name: _____



Common Seal

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

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|---|---|---|---|
| M | M | Y | Y |
|---|---|---|---|

 Expiry date

| | | | |
|---|---|---|---|
| M | M | Y | Y |
|---|---|---|---|

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 |
|---|---|---|---|---|---|---|---|

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