

**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 Codes, rules and regulations made under it. The IDA's Constitution and Bylaws appear on our website ([www.idapng.org](http://www.idapng.org)).

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/terms-and-conditions](http://www.idapng.org/terms-and-conditions), or from the IDAPNG Membership & Marketing Committee. 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**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Card security code (mandatory)**

--	--	--	--

(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
---	---	---	---

**Expiry date**

M	M	Y	Y
---	---	---	---

**Issue number (Maestro only)**

--

**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.