

## NON-PROFIT MEMBERSHIP 2025

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

- |   |  |  |
|---|--|--|
| <input type="radio"/> Social Services   | <input type="radio"/> Education and Research   | <input type="radio"/> Culture, Arts & Recreation |
| <input type="radio"/> Health            | <input type="radio"/> Development & Housing    | <input type="radio"/> Religious Group            |
| <input type="radio"/> International NGO | <input type="radio"/> Law, Advocacy & Politics | <input type="radio"/> Environment/Sustainability |
| <input type="radio"/> Volunteerism      | <input type="radio"/> Professional Association | <input type="radio"/> Other _____                |

Social Enterprise Sector:

- |  |   |  |
|--|---|--|
| <input type="radio"/> Food & Beverage      | <input type="radio"/> Retail & Gifts    | <input type="radio"/> Beauty, Health, Wellness |
| <input type="radio"/> Community Engagement | <input type="radio"/> Business Services | <input type="radio"/> Home Services            |
| <input type="radio"/> Education & Training | <input type="radio"/> Events Management | <input type="radio"/> 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):	Discounted rate:
<input type="checkbox"/> For 1 year: now to 31 December 2025	K3,000	
<input type="checkbox"/> For 2 years: now to 31 December 2026 (10% discount)	K6,000	K5,400
<input type="checkbox"/> For 3 years: now to 31 December 2027 (15% discount)	K9,000	K7,650

☐ 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 every three years.
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: \_\_\_\_\_



Please note: Following 7 days after processing payment no part of the fees paid are refundable.