

CORPORATE MEMBERSHIP 2024

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

COMPANY DETAILS

Company Name: _____

Registration Number: _____

Is your company public listed? Yes No Listed on: _____
(e.g. ASX, PNGX)

Commercial Premises: _____

Postal Address: _____

Work Telephone: _____ Facsimile: _____

Email Address: _____

Type of Industry:

- | | |
|---|---|
| <input type="radio"/> Accounting | <input type="radio"/> Manufacturing |
| <input type="radio"/> Architecture, Engineering, Building | <input type="radio"/> Marketing, Media, Public Relations, Advertising |
| <input type="radio"/> Banking, Finance, Investment | <input type="radio"/> Printing, Publishing |
| <input type="radio"/> Education, Research | <input type="radio"/> Professional and Business Associations |
| <input type="radio"/> Energy, Materials | <input type="radio"/> Property, Real Estate |
| <input type="radio"/> Environment | <input type="radio"/> Retail |
| <input type="radio"/> Food, Beverage, Tobacco | <input type="radio"/> Sports and Recreation |
| <input type="radio"/> Government | <input type="radio"/> Textiles, Clothing, Footwear |
| <input type="radio"/> Health Services | <input type="radio"/> Tourism, Hospitality |
| <input type="radio"/> Infocomm | <input type="radio"/> Trading, Import/Export |
| <input type="radio"/> Insurance | <input type="radio"/> Transport, Storage |
| <input type="radio"/> Legal | <input type="radio"/> Utilities |
| <input type="radio"/> Management Consulting | <input type="radio"/> Other _____ |

Number of Employees in Company:

- 1-20 21-100 101-500 501-1000 Over 1000

Company Turnover (in PGK):

- Less than 1 million
- 1 million to below 10 million
- 10 million to below 100 million
- 300 million to below 1 billion
- Above 1 billion

CONTACT PERSON FOR ADMINISTRATIVE PURPOSES

First Corporate Nominee

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

Forename: _____

Gender: Female Male

Position in Company: _____

Work Phone Number: _____ Ext. _____

Work Email Address: _____

Email Address: _____

Second Corporate Nominee

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

Forename: _____

Gender: Female Male

Position in Company: _____

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 2024	K6,000	
<input type="checkbox"/> For 2 years: now to 31 December 2025 (10% discount)	K12,000	K10,800
<input type="checkbox"/> For 3 years: now to 31 December 2026 (15% discount)	K18,000	K15,300

- 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 corporate 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. Subsidiaries of corporate members are entitled to a further discount of 20%.
(Applicable for first time applicants only)
5. Membership will be confirmed only upon approval by the Board and payment of fees.
6. An invoice will be provided upon successful submission of corporate application form.
7. Memberships are non-transferrable and fees paid are non-refundable.

BOARD INFORMATION

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

DECLARATION

On behalf of my company, I hereby apply for Corporate Membership 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 am authorised to act on behalf of nominees indicated in this form and confirm that the information provided above is true and correct, and that the nominees consent to the collection, use and disclosure of their personal data in accordance to IDAPNG's Privacy Policy, and agree to receive related news and updates on members' benefits, services, events and continuing Professional Director Development (PDD) activities.

Signature: _____

Date: _____
(DAY/MONTH/YEAR)

Name: _____



Company Seal

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