Association for Tertiary Education Management Inc

MEMBERSHIP APPLICATION (New Zealand)

INVOICE

Title: _____ Given Names: _____

Family Name: _____

Position Title: _____

Department: _____

Institution and address

Institution: _____

Postal address: _____

Postcode: _____ Country: _____

Contact details

Phone (work): _____ Fax (work): _____

Email Address: _____

Areas of interest

Please indicate three preferences below, numbered 1 to 3. Your first preference should indicate your current area of work. By selecting your areas of interest you are also automatically subscribing to three Chat Rooms.

- ❑ 1. Academic Administration/Secretariat
- ❑ 2. Alumni
- ❑ 3. Facilities Management
- ❑ 4. Commercial Activities
- ❑ 5. Computing
- ❑ 6. Continuing Education
- ❑ 7. Cross Sectorial Partnership
- ❑ 8. Distance Education
- ❑ 9. EEO/Affirmative Action
- ❑ 10. Faculty Administration
- ❑ 11. Finance Budgeting
- ❑ 12. Human Resource/Industrial Relations
- ❑ 13. International Students
- ❑ 14. Laboratories
- ❑ 15. Library/Archives/Records Management
- ❑ 16. Occ. Health/Safety Risk Management
- ❑ 17. Process Improvement
- ❑ 18. Marketing
- ❑ 19. Purchasing/Supply
- ❑ 20. Quality
- ❑ 21. Research Administration
- ❑ 22. Residential Colleges
- ❑ 23. School Links/Prospective Students
- ❑ 24. Staff Development
- ❑ 25. Strategic Planning/Statistics
- ❑ 26. Student Administration
- ❑ 27. Student Services

Branch assistance

Please indicate below by ticking the appropriate box, how you might be able to help ATEM Inc grow

- ❑ acting as Membership Coordinator for your region
- ❑ assisting your Membership Coordinator
- ❑ joining my Branch Executive Committee
- ❑ organising individual workshops or seminars
- ❑ contributing papers or materials for the Professional Development program

Payment details and subscription rates

❑ New Zealand $NZ128 Date:

ATEM is not registered for payment of GST in New Zealand.

Payment

Cheque payment for the amount of: ☐ Card type*: ☐ Visa ☐ Mastercard ☐ Bankcard

* We do not accept Amex, Diners etc

Credit Card payment for the amount of: ☐

Card Expiry Date: ☐☐☐☐ Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card Holder's Name (as it appears on the card): ☐

Credit Card payments will be processed through The University of Canterbury.

New Zealand Applicants

Mail the application form with your cheque to

ATEM Inc NZ Branch
PO Box 20097
Christchurch

If paying by credit card, fax the form back to (03) 359 3450

SP14-03/04