



MEMBERSHIP APPLICATION FORM

Please indicate your membership status:

New Membership

Renewal

Instructions on filling out this form:

1. Fill out your membership details under the the membership type that is applicable to you.
2. Sign in the space provided on the back of the form.

MEMBERSHIP TYPES:

Type 1: INDIVIDUAL [*Persons over the age of 18*]

Title: **Mr.** **Mrs.** **Ms.** **Dr.** **Other** _____

Name: _____
GIVEN NAME SURNAME

Postal Address: _____ Email: _____

Mobile Number: _____

CONTRIBUTION: K10+

K _____ (please indicate amount here)

Type 2: YOUTH [*Persons between the ages of 12 & 18*]

Title: **Mr.** **Miss**

Name: _____
GIVEN NAME SURNAME

Postal Address: _____ Email: _____

Mobile Number: _____ Age: 12-14 15-18

Guardians' Name: _____ Relation to Applicant: _____

Guardians' Mobile Number: _____

CONTRIBUTION: K10

K _____ (please indicate amount here)

Type 3: FAMILY

Family Name: _____

Contact Person: _____

Postal Address: _____ Email: _____

Mobile Number: _____

CONTRIBUTION: K100 - K500+

K _____ (please indicate amount here)

Type 4: CORPORATE [*Business enterprises, corporations, partnerships & SME's*]

Primary Contact/Contact Person

Title: **Mr.** **Mrs.** **Ms.** **Dr.** **Other** _____

Name: _____
GIVEN NAME SURNAME

Company Name: _____

Postal Address: _____ Email: _____

Office Phone Number: _____ Mobile Number: _____

HEAD OF ORGANIZATION

Title: **Mr.** **Mrs.** **Ms.** **Dr.** **Other** _____

Name: _____
GIVEN NAME SURNAME

Title: **CEO** **MD** **ED** **GM** **Other** _____

Email: _____

CONTRIBUTION: K1,000 - K10,000+

K _____ (please indicate amount here)

Type 5: INSTITUTION [Professional bodies, academic institutions, government departments, statutory agencies & faith based organizations]

Primary Contact/Contact Person

Title: **Mr.** **Mrs.** **Ms.** **Dr.** **Other** _____
Name: _____
GIVEN NAME SURNAME
Company Name: _____
Postal Address: _____ Email: _____
Office Phone Number: _____ Mobile Number: _____

HEAD OF ORGANIZATION

Title: **Mr.** **Mrs.** **Ms.** **Dr.** **Other** _____
Name: _____
GIVEN NAME SURNAME
Title: **CEO** **MD** **ED** **GM** **Other** _____
Email: _____

CONTRIBUTION: K500 - K1,000+

K _____ (please indicate amount here)

Type 6: CIVIL SOCIETY ORGANIZATION [Associations & non-government organizations]

Primary Contact/Contact Person

Title: **Mr.** **Mrs.** **Ms.** **Dr.** **Other** _____
Name: _____
GIVEN NAME SURNAME
Company Name: _____
Postal Address: _____ Email: _____
Office Phone Number: _____ Mobile Number: _____

HEAD OF ORGANIZATION

Title: **Mr.** **Mrs.** **Ms.** **Dr.** **Other** _____
Name: _____
GIVEN NAME SURNAME
Title: **CEO** **MD** **ED** **GM** **Other** _____
Email: _____

CONTRIBUTION: K250 - K500+

K _____ (please indicate amount here)

SIGN HERE

Applicant's Signature: _____ Date: _____

PAYMENT METHOD AND BANK DETAILS

*Please Note: We have a no cash policy. Payment can be made in the form of a Cheque, Bank Transfer or Direct Deposit.

Account Name: Transparency International (PNG) Inc. | **Account Number:** 1000038232 | **Bank:** Bank South Pacific
Branch: Douglas Street Branch | **BSB #:** 088950

Please send completed forms and other necessary details to this address:
Transparency International (PNG) Inc. | P.O. Box 591, Port Moresby, NCD
Phone: 323 4917 / 323 7517 | Email: info@transparencypng.org

OFFICE USE ONLY

Action Officer: _____ Date: _____
Checking Officer: _____ Date Checked: _____
Payment confirmed by: _____ Date: _____
Receipt issued by: _____ Receipt No: _____ Date Receipt Issued: _____
Certificate issued Date Issued: _____