

New Zealand Conservators of Cultural Materials Pū Manaaki Kahurangi

Affiliate of NZCCM - Information Sheet for Applicants

Applicants for Affiliate of NZCCM shall demonstrate they are:

- Able through training, knowledge or professional experience to support the work of conserving cultural material.

OR

- Studying for a formal qualification in the conservation of cultural material.

AND

- Be expected to familiarize themselves with and support the principles and ethics that underpin the constitution of the NZCCM

Please supply all the required information in English; the NZCCM does not have the resources to provide translations.

The NZCCM Code of Ethics and contact details are at www.conservators.org.nz

Applications for affiliate membership are welcome at any time.

The NZCCM Membership Committee will consider and make decisions on applications within six weeks of the submission of the application. A simple majority of the Membership Committee should vote in favour of the person proposed to secure that person as an Affiliate of the NZCCM.

Each applicant will receive a letter informing them of the Membership Committee's decision. **Do not send payment** with your application; successful applicants will receive a request for the annual subscription with their notification letter.

Students: With annual proof of student status ie: Student ID card or official confirmation from your university, the affiliate fee will be waived.

A successful applicant shall be deemed an Affiliate of the NZCCM upon payment of the annual subscription fee. Successful applicant's names, photographs and profiles will be published in a subsequent NZCCM Newsletter.

Please send Affiliate of NZCCM applications to:

Becky Helliwell (NZCCM Secretary)
40 Wayside Avenue
Burnside,
Christchurch 8053

Note: Anyone wishing to become a Full Member of the NZCCM should apply using the Full Membership application form (see *Full Membership - Information Sheet for Applicants & Application Form* at www.conservators.org.nz).

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Affiliate of NZCCM - Application Form

Title: Ms / Mrs / Miss / Mr / Dr / other (please specify) _____

Name: _____

Occupation: _____

Name of organisation/business: _____

| **Contact** mailing address: _____

| **Contact** phone: () _____ Fax: () _____

Email: _____

Area/s of specialisation or interest _____

Qualifications and/or experience:

Applicant must sign below to validate application:

I, _____, Will familiarize myself with and support the principles and ethics that underpin the constitution of the NZCCM.

Dated _____.