

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

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

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

The NZCCM Code of Ethics and contact details can be found on our website at NZCCM.org.nz

Applications for Affiliate membership are welcome at any time during the year and applicants will receive a written acknowledgement of receipt of their application.

The NZCCM Membership Committee will consider and make decisions on applications within six weeks of the submission dates above. 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 application results notification letter.

Students – please send annual proof of student status and we will waive your affiliate subscription fee. We will accept copies of your Student I.D. card or official Bursar or Registrar confirmation from your University.

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

Please send Affiliate of NZCCM applications to:

NZCCM Membership Committee Chair
membership.nzccm@gmail.com

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 NZCCM.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:

Information Consent

Please tick the appropriate boxes regarding your consent for your details to appear on the NZCCM website and register:

✗ I have read the NZCCM Privacy Policy and consent for the storage and use of my information

For information on how we store and use your data, please refer to the *NZCCM Privacy Policy* at NZCCM.org.nz

Declaration and Signature

Applicant must sign below to validate application:

I, _____, confirm that the information given in this form is complete and accurate and I agree to abide by the Code of Ethics and the Constitution of the NZCCM.

Dated: _____