

Application for Full Membership

Please use this form to apply for Full Membership of SOLGM.

New applicants apply for membership of the Society in terms of clause 3 of the Constitution and Rules, and agree to adhere to and be bound by the Constitution and Rules and the Code of Ethics of the Society. Full details of this document are published on the SOLGM website – www.solgm.org.nz

The SOLGM financial year begins 1 July. Membership fees for the next financial year are confirmed at each AGM. Invoices for annual membership subscriptions are sent out in July each year.

Personal Information Section

Mr / Miss / Ms / Mrs / Dr / ____

First Name: _____

Surname _____

Preferred Name: _____

Employer/Council: _____

Position Title: _____

Budget Controlled: _____

Staff No.Controlled: _____

Business Details

Home Details

StreetAddress: _____

StreetAddress: _____

PostalAddress: _____

PostalAddress: _____

Suburb: _____

Suburb: _____

City/Town: _____

City/Town: _____

Postal Code: _____

Postal Code: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Mobile: _____

Mobile: _____

Email: _____

Email: _____

Preferred Mailing Address: Work / Home (Please circle one)

Miscellaneous Details Section

First year of entering local government service: (NZ) _____
First year of entering local government service (international): _____
I joined SOLGM/previous Society in (year): _____
List years out of local government service (if applicable) from: _____
To: _____

Professional and Tertiary Qualifications: _____

Eligibility Section

My Membership Eligibility is under Constitution and Rules entitlement clause 3:

Subject to Rules 3.2.1 to 3.2.3, persons holding the following positions as officer of a territorial or regional council or council-controlled organisation as defined in the Local Government Act 2002 are eligible for full membership of the Society:

- | | | | |
|-------|---|--------------------------|--|
| 3.1.1 | The chief executive however designated. | <input type="checkbox"/> | CEO |
| 3.1.2 | Officers, however designated, who report directly to the chief executive for any department of the council or council controlled organisation | <input type="checkbox"/> | new members require signature of CEO below |
| 3.1.3 | All other officers of a council or council-controlled organisation however designated | <input type="checkbox"/> | new members require signature of CEO below |

Name of Chief Executive of employing Local Authority or such person the Chief Executive has delegated power to authorise membership under Clauses 3.1.2 and 3.1.3:

Authorisation Signature: _____

Payment Section

- I am paying for my membership
- My council is paying for my membership (a purchase order number is mandatory)

Purchase order number

If your application is unsuccessful, an invoice will not be issued

Personal Interest/Current Field of Management Section

Please tick appropriate boxes

<p>CEO Issues</p> <p><input type="checkbox"/> a Strategic Planning</p> <p><input type="checkbox"/> b Customer Service</p> <p><input type="checkbox"/> c Elected Member Support</p> <p><input type="checkbox"/> d HR/Employment Relations</p> <p><input type="checkbox"/> e New Legislation</p> <p><input type="checkbox"/> f Job Evaluation/Performance Appraisal</p> <p><input type="checkbox"/> g Promotion/Tourism</p> <p>Community Services</p> <p><input type="checkbox"/> a Libraries</p> <p><input type="checkbox"/> b Recreation Centres/Swimming Pools</p> <p><input type="checkbox"/> c Parks and Reserves</p> <p><input type="checkbox"/> d Museums and Galleries</p> <p>Corporate Services</p> <p><input type="checkbox"/> a Finance</p> <p><input type="checkbox"/> b Rating</p> <p><input type="checkbox"/> c LTCCPs</p> <p><input type="checkbox"/> d Borrowing and Investment Policies</p> <p><input type="checkbox"/> e Council Services</p> <p><input type="checkbox"/> f Legal Services</p> <p><input type="checkbox"/> g Insurance</p> <p><input type="checkbox"/> h Elections</p> <p>Information Systems</p> <p><input type="checkbox"/> a GIS</p> <p><input type="checkbox"/> b Records Management</p>	<p>Asset Management</p> <p><input type="checkbox"/> a Contract Management</p> <p><input type="checkbox"/> b Roading</p> <p><input type="checkbox"/> c Water</p> <p><input type="checkbox"/> d Waste Management</p> <p><input type="checkbox"/> e Flood Protection</p> <p><input type="checkbox"/> f Public Transport</p> <p>Planning</p> <p><input type="checkbox"/> a Policy Planning</p> <p><input type="checkbox"/> b Transport Planning</p> <p>Regulatory Services</p> <p><input type="checkbox"/> a Resource Management</p> <p><input type="checkbox"/> b Resource Plans</p> <p><input type="checkbox"/> c Resource Consents</p> <p><input type="checkbox"/> d Building Consents</p> <p><input type="checkbox"/> e Animal Control</p> <p><input type="checkbox"/> f Environmental Health</p> <p><input type="checkbox"/> g Bio-security</p> <p><input type="checkbox"/> h Health and Safety</p> <p><input type="checkbox"/> i Soil Conservation</p> <p>Property Management</p> <p><input type="checkbox"/> a Elderly Persons Building</p> <p><input type="checkbox"/> b Halls</p> <p><input type="checkbox"/> c Parking Building</p>
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Other Areas of Interest: _____

Do you wish to be involved with SOLGM in legislation development of activities in the above areas:

I **DO** wish to be involved:

I do **NOT** wish to be involved:

Signature Section

- By signing this application, I **AGREE** to abide by all clauses in both the SOLGM Constitution and Rules and the SOLGM Code of Ethics
- I have provided a valid purchase order number if my council is paying for my membership

Signature

____/____/____
Date

Please send this completed form to:

Membership

SOLGM

PO Box 10373

The Terrace

Wellington 6143

Email: membership@solgm.org.nz

If at any time you wish to update your details, please email membership@solgm.org.nz

If you wish to find out about the benefits of joining the LG Connect discussion groups, a free service provided by SOLGM that connects local government staff across the country, please visit LGConnect.co.nz

Level 9, 85 The Terrace, Wellington

PO Box 10373, The Terrace, Wellington 6143

Ph 04 978 1280, Email info@solgm.org.nz, Website www.solgm.org.nz