

# Application for Associate Membership

**Please use this form to apply for Associate Membership of SOLGM.**

New applicants apply for membership of the Society in terms of clause 3.5 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](http://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.

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## Personal Information Section

Mr / Miss / Ms / Mrs / Dr / \_\_\_\_

First Name: \_\_\_\_\_

Surname \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

### Business Details

StreetAddress: \_\_\_\_\_

PostalAddress: \_\_\_\_\_

Suburb: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Home Details

StreetAddress: \_\_\_\_\_

PostalAddress: \_\_\_\_\_

Suburb: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

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

## Miscellaneous Details Section

(complete where applicable)

First year of entering local government service: (NZ) \_\_\_\_\_

First year of entering local government service (international): \_\_\_\_\_

I joined the Society/previous Society in (year): \_\_\_\_\_

List years out of local government service from: \_\_\_\_\_

To: \_\_\_\_\_

Professional and Tertiary Qualifications: \_\_\_\_\_

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## Eligibility Section

My Membership Eligibility is under Constitution and Rules entitlement clause 3.5:

The Executive may at its discretion, confer associate membership upon:

- 3.5.1** Any member who resigns from a position qualifying for full Society membership, but who continues to be in paid employment or undertaking consultancy work and makes an application to the Executive to transfer membership to this category.
- 3.5.2** Any person, who because of their professional or personal interests wishes to be an Associate Member of the Society and who makes an application to the Executive.
- 3.5.3** Associate members of the Society may neither vote nor hold office in the Society, but enjoy all other rights of membership.

Please briefly describe your association with SOLGM and your interest in the local government sector:

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# Personal Interest/Current Field of Management Section

<p><b>CEO Issues</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> a Strategic Planning</li><li><input type="checkbox"/> b Customer Service</li><li><input type="checkbox"/> c Elected Member Support</li><li><input type="checkbox"/> d HR/Employment Relations</li><li><input type="checkbox"/> e New Legislation</li><li><input type="checkbox"/> f Job Evaluation/Performance Appraisal</li><li><input type="checkbox"/> g Promotion/Tourism</li></ul> <p><b>Community Services</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> a Libraries</li><li><input type="checkbox"/> b Recreation Centres/Swimming Pools</li><li><input type="checkbox"/> c Parks and Reserves</li><li><input type="checkbox"/> d Museums and Galleries</li></ul> <p><b>Corporate Services</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> a Finance</li><li><input type="checkbox"/> b Rating</li><li><input type="checkbox"/> c LTCCPs</li><li><input type="checkbox"/> d Borrowing and Investment Policies</li><li><input type="checkbox"/> e Council Services</li><li><input type="checkbox"/> f Legal Services</li><li><input type="checkbox"/> g Insurance</li><li><input type="checkbox"/> h Elections</li></ul> <p><b>Information Systems</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> a GIS</li><li><input type="checkbox"/> b Records Management</li></ul>	<p><b>Asset Management</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> a Contract Management</li><li><input type="checkbox"/> b Roading</li><li><input type="checkbox"/> c Water</li><li><input type="checkbox"/> d Waste Management</li><li><input type="checkbox"/> e Flood Protection</li><li><input type="checkbox"/> f Public Transport</li></ul> <p><b>Planning</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> a Policy Planning</li><li><input type="checkbox"/> b Transport Planning</li></ul> <p><b>Regulatory Services</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> a Resource Management</li><li><input type="checkbox"/> b Resource Plans</li><li><input type="checkbox"/> c Resource Consents</li><li><input type="checkbox"/> d Building Consents</li><li><input type="checkbox"/> e Animal Control</li><li><input type="checkbox"/> f Environmental Health</li><li><input type="checkbox"/> g Bio-security</li><li><input type="checkbox"/> h Health and Safety</li><li><input type="checkbox"/> i Soil Conservation</li></ul> <p><b>Property Management</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> a Elderly Persons Building</li><li><input type="checkbox"/> b Halls</li><li><input type="checkbox"/> c Parking Building</li></ul>
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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

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Please send this completed form to:**

**Membership**

**SOLGM**

**PO Box 10373**

**The Terrace**

**Wellington 6143**

**Email: [membership@solgm.org.nz](mailto:membership@solgm.org.nz)**

If at any time you wish to update your details, please email [membership@solgm.org.nz](mailto:membership@solgm.org.nz)

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