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**The Chartered
Institute of Logistics
and Transport**

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APPLICATION TO JOIN CILT MENTORING PROGRAMME

Last Name _____ Given Name (s) _____

Address (For CILT Mentoring purposes) _____

Work Phone _____ Home Phone _____

Fax _____ Mobile _____

Email _____ Date of Birth _____

Present Employer _____

Employer's Address _____

Type of Business _____

Current Position Held/Job Title _____

Time in Position _____

Are you currently a CILT member? Yes ____ No ____ . If yes, please give membership grade:

A cheque for NZ\$ _____ (inclusive of GST at 15%) made out to The Chartered Institute of Logistics and Transport New Zealand is attached and forwarded with this form.

OR: Charge my credit card VISA / MASTERCARD (delete one) Sorry, no AMEX / DINERS

Name on Card _____

Card number _____

Expiry Date _____

UPON PAYMENT BECOMES TAX INVOICE. GST Reg 13-011-370

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APPLICANT'S SIGNATURE _____ DATE _____

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