## PIMA REGISTRATION DETAILS

# PART A

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| **PERSONAL DETAILS:** | |
| Surname: |  |
| Name: |  |
| Title or form of address: ( Ms, Dr etc) |  |
| Work position if appropriate:  (eg. Dept , Unit or Section) |  |
| Voluntary/Civil society organisation and position if appropriate: |  |
| Email Address(es): |  |
| Only place an **X** in the box if you do NOT want your email addressshared with other PIMA members |  |
| **CONTACT DETAILS:** | |
| Phone number(s): |  |
|  |  |
| **ADDRESS DETAILS:** | |
| Organisation Address: |  |
| Home Address: |  |

**PART B**

**BIO-NOTE DETAILS**

Please provide a brief bio-note (just a few paragraphs) relating to your experience and your interest in the Association.

Note: By completing this form you are stating your wish to become a PIMA member and to support the Aims and Principles, Activities and Ways of working.

Please return to: Colin McGregor [colin.mcgregor@aceaotearoa.org.nz](mailto:colin.mcgregor@aceaotearoa.org.nz)