



AUCKLAND JUSTICES OF THE PEACE ASSOCIATION

INCORPORATED

APPLICATION FOR MEMBERSHIP

Mailing address:
PO Box 108 229
Symonds Street
Auckland 1150

I hereby apply for membership of the Auckland Justices of the Peace Association. In doing so I understand and accept that

- My membership fee covers the subscription period from 01 July in any year until 30 June in the following year.
- My accompanying \$55.00 payment represents my Association membership fee.
- If my application for membership is declined, my paid fees are refundable.

I make payment of \$55.00 as follows: Provisional membership fee \$ 55.00

SURNAME _____ TITLE (eg Mr, Mrs Miss, Ms, Dr, Maj, etc) _____

FIRST NAME(S) _____ PREFERRED FIRST NAME _____

DATE OF BIRTH _____ HONOURS (not JP) _____

HOME ADDRESS _____

POSTAL ADDRESS _____
If different from above

HOME PHONE _____ BUSINESS PHONE _____

MOBILE PHONE _____ E-MAIL _____

DATE APPOINTED A JUSTICE OF THE PEACE (*if known*) _____

YOUR MINISTRY OF JUSTICE OFFICIAL JP NUMBER (*if known*) _____

I have read and I accept the Association's Rules and the Codes of Ethics and Conduct which I pledge to adhere to while my membership remains current. I am bound to the statutes affecting my appointment including the Justices of the Peace Act 1957 (as amended). I accept that my admission to the Association's membership is subject to the approval of the Association's Council.

1 Pursuant to the Privacy Act 1993 I acknowledge:

- (a) That the above personal information is required by the Auckland Justices of the Peace Association whose Registered Office is at The Auckland District Court, Albert Street, Auckland, which will hold the information and use it for its administrative purposes and those of the Royal Federation of New Zealand Justices' Associations Inc.
- (b) That should I have not supplied the information in full, my application for membership will not be dealt with by the Auckland Justices of the Peace Association Inc.
- (c) That I can have access to, and can correct, any information provided in this application.

2 I further acknowledge:

- (a) That in order to carry out my Justice of the Peace duties as appointed – serving members of the public, from my home, without fear or favour, by appointment, free of charge, in my free time - I consent to details of my name, residential address and landline telephone number being publicly-listed on the websites of the Association and the Royal Federation and in any other relevant listing approved by the Association.
- (b) That under the Association's "Active & Current" policy I will enlist and participate in the Association's Support Groups programme including providing JP services at one or more service desks as rostered by my support group.

SIGNED: _____ DATED: _____

APPLICATION FORM RETURN

Please return this completed form in the (provided) postage-paid envelope ASAP to the Association's mailing address: **PO Box 108 229, Symonds Street, Auckland 1150.**

MAKING A PAYMENT

Please forward your payment of **\$55.00** either by way of cheque accompanying this completed form or as an online payment by internet banking paid directly to our Association's account: **38-9018-0314770-00**

In the *Particulars* / *Code* / *Reference* sections please include: **Your Surname & "M'Ship"**