



'ATENISI INSTITUTE INCORPORATED'

MEMBERSHIP APPLICATION FORM

Instructions: All prospective members must fill in this form and return it to the registered office at the institute, Halaano, Nuku'alofa Tonga; or postbox 90, Nuku'alofa, Tonga; or fax it to (+676)–24868 (working hours only); or (preferred) send it as an email attachment to: secretary@atenisi.edu.to Received applications will be promptly acknowledged by email only. Approval or refusal of the application will also be issued by email. Membership will commence when the initial payment after approval is received.

Last name (family name, surname) <input type="text"/>	Name of institution (to be left open if registering as a private person) <input type="text"/>
First name(s) (given name(s)) <input type="text"/>	Type of membership (circle one) Normal – Affiliate – Honorary
Address: permanent: <input type="text"/>	Electronic mail address <input type="text"/>
Occupation: <input type="text"/>	As the email address will be the main means of communication, it is the responsibility of the applicant that the address remains valid and its mail system is not intercepting mail from atenisi.edu.to .

DECLARATION

I, undersigned, apply to become a member of 'Atenisi institute incorporated, either myself or on behalf of the institution mentioned above, of which I am authorised officer.
I have taken knowledge of the constitution and as member I shall abide by the rules and regulations outlined there and in the bylaws.

Signature

Date

Office use only.

Approved on:

Initial payment received: