



LAPA

Local Authority
Property Association

FULL MEMBERSHIP APPLICATION FORM
LOCAL AUTHORITY PROPERTY ASSOCIATION

Individual Name _____

Position Title _____

Council _____

Postal Address _____ **City** _____

Phone Number _____ **Fax Number** _____

Email Address _____

Years' Experience in the Property Sector _____

Areas of Local Government Property I presently personally work in:

Administrative Assistance/Database Manipulation		Asset/Facilities/Bldg Services Management	
Financial Management/Budget Preparation		Legal Advice/Services, Lease Management	
Policy or Strategy Development		Project/Contract Management	
Property Development, Acquisition or Disposal		Property Economy Advice & Services	
Staff Management		Statute-based Property Activity (e.g. Public Works Act)	

Areas of Local Government Property I would like to know more about:

Administrative Assistance/Database Manipulation		Asset/Facilities/Bldg Services Management	
Financial Management/Budget Preparation		Legal Advice/Services, Lease Management	
Policy or Strategy Development		Project/Contract Management	
Property Development, Acquisition or Disposal		Property Economy Advice & Services	
Staff Management		Statute-based Property Activity (e.g. Public Works Act)	

It is the responsibility of the member to inform LAPA and request termination, which will arise from any of the following circumstances:

1. Member request to rescind membership;
2. Change of position within the local government sector and employment outside the areas of property consultancy/property management;
3. Change of position and employment outside the local government sector;
4. Change of position and employment with a private firm, whether within or outside the local authority property consultancy/property management sectors.

I hereby apply for membership of the Local Authority Property Association (LAPA), and certify that:

- A. I am currently employed in Local Government property and undertaking property activities; and
- B. I undertake to keep The Committee informed of my current address and contact details, as above.

Signature: _____

Please send completed application to: C/- Memberships Secretary
Michael Riley
 Waitakere City Council
 P O Box 93109
 Henderson
 WAITAKERE CITY