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| --- |
| NAME: |
| TITLE: |
| ETHNICITY: |
| INSTITUTION: |
| QUALIFICATIONS (Degree(s), Institution(s), Specialisation(s): |
| PRESENT POSITION: |
| EMPLOYER, COMPANY OR INSTITUTION: |
| BUSINESS ADDRESS:POSTCODE: |
| BUSINESS PHONE NUMBER: | MOBILE: |
| BUSINESS EMAIL: |
| HOME ADDRESS:POSTCODE: |
| HOME TELEPHONE: | PERSONAL MOBILE: |
| HOME EMAIL: |
| PREFERRED METHOD OF CONTACT: | Business email Home email  |
| FIELD OF PRACTICE/RESEARCH: |
| FIELDS OF INTEREST: |
| I hereby apply for Membership of the Nutrition Society of New Zealand recognising that my acceptance is conditional upon the terms set out in the Rules of the Society.\* |
| SIGNATURE OF APPLICANT: |
| DATE: |
| PROPOSER: (name) | Signature: |
| SECONDER: (name) | Signature: |

\*In accordance with the Rules of the Society, the Proposer and Seconder must be members of the Society.

Please send application form to:

info@nutritionsociety.ac.nz

An invoice will be sent after acceptance of membership. The subscription fee is $100 pa

**IMPORTANT: PLEASE NOTIFY THE ADMINISTRATOR OF THE NSNZ WITH UPDATES ON CHANGE OF CONTACT DETAILS: info@nutritionsociety.ac.nz**