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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](mailto: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**