

APPLICATION FOR MEMBERSHIP



NAME:

TITLE:

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 Secunder must be members of the Society.

Please send application form to:

info@nutritionssociety.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@nutritionssociety.ac.nz