|  |
| --- |
| NAME: |
| TITLE: |
| ETHNICITY: |
| INSTITUTION: |
| DEGREE PROGRAMME (BSc, MSc, PhD, etc): |
| EXPECTED DATE OF COMPLETION OF STUDY: |
| PREVIOUS QUALIFICATIONS (Degree(s), Institution(s), Specialisation(s): |
| POSTAL ADDRESS:POSTCODE: |
| PHONE NUMBER: | MOBILE: |
| EMAIL: |
| PERMANENT ADDRESS (if different from above):POSTCODE: |
| FIELD OF PRACTICE/RESEARCH: |
| FIELDS OF INTEREST: |
| I hereby apply for one year student/associate 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: |
| SIGNATURE OF STUDENT SUPERVISOR **OR** HEAD OF DEPARTMENT:ASSOCIATE APPLICANTS – if have left study can have a full NSNZ member sign:I confirm that the applicant is a full-time student (or a part-time student with limited income): |
| DATE: |

**Please send application form** **with notice of payment of subscription fee of $45** to:

info@nutritionsociety.ac.nz

**Fees via Internet banking:** Direct Credit to **02-0727-0453705-00**. Payment can be made at any BNZ branch or via the internet. Please add your name/initials in the reference box.

*\*Student members are not eligible to vote. Student memberships lapse after one year unless dues are paid and verification of continuing student status is provided.*

**IMPORTANT: PLEASE NOTIFY THE ADMINISTRATOR OF THE NSNZ WITH UPDATES ON CHANGE OF CONTACT DETAILS AND/OR COMPLETION OF DEGREE PROGRAMME: info@nutritionsociety.ac.nz**