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| 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](mailto:pearsongandl@clear.net.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**