

APPLICATION FOR STUDENT MEMBERSHIP



NAME:

TITLE:

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 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:

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@nutrition society.ac.nz](mailto:info@nutrition society.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@nutrition society.ac.nz](mailto:info@nutrition society.ac.nz)