

NZSSA Membership Application Form



Please print clearly

First Name:	Mr Mrs Miss Ms
Last Name:	
Email Address:	

Name of Department:	
Employer:	

Mailing Address:	
------------------	--

Indicate how you would like to receive your magazine:
Hard copy to mailing address:
Electronic to email address provided:

Have you been a member of the NZSSA before?
Yes No
If "Yes", what was your last year of membership?
If known, Membership Category:
Member Graduate Registered

OFFICE USE ONLY
Date received:
Membership Number:
Administered by:

List any Tertiary Qualifications:

I hereby apply for membership of the New Zealand Sterile Sciences Association as defined in Clause 5 Application for Membership in the Constitution and Rules
Date:
Signature:

The membership fee of \$50 is required and evidence of payment sent with this form.
Payment methods available:
Banking or Direct Credit: Westpac Henderson 03 0156 0173557 00
Credit Card: Paypal – portal on the website: www.nzssa.org
Email documents to Treasurer nzsterilescienceassoc@gmail.com
Or mail a cheque and the form to: The Treasurer 28 Brighton Street Island Bay Wellington 6023