*Please print clearly when completing this form*

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| **PERSONAL DETAILS** |
| **MR/MRS/MISS/MS** | **FIRST NAMES:** |
| **LAST NAME:** |
| **CONTACT NUMBER:** |  | **EMAIL:** |
| **ADDRESS:** |
|  | **POST CODE:**  |
| **DATE OF BIRTH:** | DD / MM / YYYY | **Gender:** | MALE / FEMALE |
| **ETHNICITY** | NZ MAORI (IWI IDENTIFIED WITH) | NZ EUROPEAN |
| PASIFIKA: (IDENTIFY WHICH ISLAND) |
| ASIAN: (IDENTIFY WHICH AREA) |
| OTHER: (SPECIFY) |
| **Work Status:**  | **NZ Citizen** | **Permanent Resident** | **Work Visa** |
| **QUALIFICATIONS:** List any tertiary qualifications you may hold |
|  |
|  |
| **PREVIOUS MEMBERSHIP:** |
| Have you been a member before? Yes No |
| If ‘yes’, what was the last year of membership? |

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| **EMPLOYMENT DETAILS** |
| **EMPLOYER:** |
| **JOB TITLE:** |
| **EMPLOYER ADDRESS:** |
|  |
|  | **POST CODE:** |

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| **APPLICANT DECLARATION** |
| I hearby apply for membership of the New Zealand Sterile Sciences Association as defined in Clause 5 Application for Membership in the Constitution and Rules. |
| SIGNATURE:  | DATE: |

*Information gathered in this application form will be used to process the application and for statistical purposes. Member information will not be shared with any person or organisation. Statistical information will not identify individuals.*