Membership Application Form

*Email* membership@nzihe.org.nz

|  |  |
| --- | --- |
|  | Contact Details |
| First Name |  | Surname |
|       |  |       |
| Job Title |  | Company Name / District Health Board |
|       |  |       |
| Residential Address |  | Company Address |
|       |  |       |
| City       Postcode       | Postcode       | City       Postcode       |  | Postcode       |
| Phone       |  | Phone       |
| Mobile       |  | Mobile       |
| Email       |  | Email       |
|  |  |
| ***Personal Details*** |
| *Qualifications* |
|       |
| *Brief Statement of Experience* |
|       |
|  |
| ***Type of Membership Applied For (tick one)***  |
|  |  |
| **Facilities** |
| Full $160 +GST | **[ ]**  | Technician $90 +GST | **[ ]**  | Associate $90 +GST | **[ ]**  | Trainee / Student $40 +GST | **[ ]**  | Retired FOC | **[ ]**  |
| **Biomedical** |
| Full $160 +GST | **[ ]**  | Technician $90 +GST | **[ ]**  | Associate $90 +GST | **[ ]**  | Trainee / Student $40 +GST | **[ ]**  | Retired FOC | **[ ]**  |
|  |  |  |
| Proposer       |  | Signature       |
| Second       |  | Signature       |
| By Joining NZIHE, you consent to the collection of your contact details and grant permission for NZIHE to use these details for relevant NZIHE activities. Your name, telephone number, email address, website address, may be published on the NZIHE website as specified in your new membership application or renewal. You have the right to access and correct this information via the “Update Membership Details” website link at any time, or via the Membership Secretary (nzihe.org.nz) |
| Permission to publish your details on the members only section of the NZIHE websiteIf Accepted for membership, I agree to abide by the rules of the Institute |
| Phone Numbers | Business |  [ ]  | Yes | [ ]  | No | Residential | [ ]  |  | Yes | [ ]  | No |
| Address | Business | [ ]  | Yes | [ ]  | No | Residential | [ ]  |  | Yes | [ ]  | No |
| Email Addresses | Business | [ ]  | Yes | [ ]  | No | Residential | [ ]  |  | Yes | [ ]  | No |
|  |  |
| *Applicants Signature*       |  | *Date*       |