

Email: [membership@nzihe.org.nz](mailto:membership@nzihe.org.nz)

## Membership Application Form

<b>Contact Details</b>	
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First Name(s)	Surname

Job Title	Company / District Health Board
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Residential Address	Business Address
Postcode	Postcode
Phone	Phone
Fax	Fax
Email	Email
	Mobile

<b>Personal Details</b>
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*Employer Name and Address*

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*Qualifications*


*Brief Statement of Experience*


<b>Type of Membership Applied For (tick one)</b>
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<b>Facilities</b>			
Full (\$120)	Associate (\$70)		Retired – No charge

<b>Biomedical</b>			
Full (\$120)	Technician (\$120)	Associate (\$70)	Retired – No Charge

Proposer	Signature
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Seconder	Signature
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Phone Numbers	Business		Yes		No	Residential		Yes		No
Address	Business		Yes		No	Residential		Yes		No
Email Addresses	Business		Yes		No	Residential		Yes		No

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](mailto:membership@nzihe.org.nz))

Permission to publish your details on the members only section of the NZIHE website  
 "If accepted for membership, I agree to abide by the rules of the Institute"

Applicants Signature	Date
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