

Application for NZAHT Associate Membership Or Newsletter Subscriber

Application for Associate of NZAHT
Newsletter Subscriber only

\$100.00 per annum
 \$30.00 per annum (Complete No 1 only)

Date of Application _____

1. Personal Details

Name Dr / Mr / Mrs / Miss / Ms _____

Date of Birth _____

Work Address _____

Home Address _____

Phone (home) _____ (work) _____

Fax (home) _____ (work) _____

Email _____

Preferred Mailing Address home work

2. Education (Qualifications and Year received)

3. Employment History

Include a minimum of the past 3 years, and attach letter(s) verifying employment details

<u>Employer</u>	<u>Type of Work</u>	<u>Period Employed</u>	<u>Total Hand Hours</u>
<i>eg Nelson Hospital</i>	<i>Rheumatology</i>	<i>Jan 95-Dec 97</i>	<i>400</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Letter of Recommendation

All applicants must provide a letter of recommendation from their sponsor

Recommended by: Hand Surgeon (FRACS) NZAHT Full Member

Name _____

Address _____

Phone _____ Fax _____

Email _____

5. Checklist

- Attach copies of all qualifications*
- Attach copy of annual practicing certificate*
- Attach copy of membership to NZSP/NZAOT*
- Attach letter of recommendation*
- Attach letter(s) verifying employment details*
- Attach cheque*

Please send all of the above to:

Marlene Pouri-Lane
Administrative Officer, NZAHT Inc.
41 Boundary Road
Hamilton

Any queries Ph (07) 8548949 or Email mpourilane@xtra.co.nz