

Application for NZAHT Associate Membership Or Newsletter Subscriber

(Please note that some of the information you provide below will be put on our website)

Application for Associate of NZAHT
Newsletter Subscriber only

\$120.00 per annum
 \$30.00 per annum (Complete No 1 only)

Date of Application _____

Please note some that as an Associate Member your name and work phone/email address will be placed on our website.

1. Personal Details

Name Dr / Mr / Mrs / Miss / Ms _____

Date of Birth _____

Work Address _____

Home Address _____

Phone (Home) _____ (Work) _____

Email _____

Mobile _____

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>
eg Nelson Hospital	Rheumatology	Jan 95-Dec 97	400
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Checklist

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

PAYMENT		
Direct Credit	Westpac Account No: 03 0173 0348961 000	Please ensure you quote your name and enter “New Member” in the reference
Cheque	Made payable to NZAHT Inc	

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