

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

\$120.00 (incl. GST) per annum

Newsletter Subscriber only

\$30.00(incl. GST) 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 (Work) _____ (Mobile) _____

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>
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