



MEMBERSHIP APPLICATION FORM

Preferred Title (<i>tick one box</i>) <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		Surname	First Names
Residential Address			
Postal Address (<i>if different</i>)			
Telephone (<i>Business</i>)		Telephone (<i>Home</i>)	
Email (<i>Business</i>)		Email (<i>Home</i>)	
Current Employer/Place of Study		Current Job Title	

Centre Affiliation (<i>tick one box</i>) <input type="checkbox"/> Auckland <input type="checkbox"/> Waikato/Bay of Plenty <input type="checkbox"/> Central North Island <input type="checkbox"/> Wellington <input type="checkbox"/> Tasman/Canterbury <input type="checkbox"/> Southern (Otago/Southland)	Special Interest Groups (<i>tick as appropriate</i>) <input type="checkbox"/> Environmental Management <small>(Including noise, hazardous substances, sustainability etc)</small> <input type="checkbox"/> Food Safety & Suitability <input type="checkbox"/> Housing <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Alcohol Licensing <input type="checkbox"/> Māori <input type="checkbox"/> Public Health
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Membership Grade (<i>tick one box</i>) <input type="checkbox"/> Student <input type="checkbox"/> Associate <input type="checkbox"/> Full	Please enclose any additional information regarding your skills and abilities that may be of relevance and/or value to the NZIEH administrators.
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Tertiary Qualification(s) held (<i>copies to be enclosed for full membership only</i>)	
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Signed	Dated
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Please email your completed application form with copies of relevant qualifications (as applicable) to: National Secretary, New Zealand Institute of Environmental Health Inc Email: info@nzieh.org.nz	
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PLEASE REMEMBER TO TELL US WHEN ANY OF YOUR DETAILS CHANGE