

MEMBERSHIP APPLICATION FORM



Te Ratonga Whakahoromata Taputapu o Aotearoa

Last Name: _____
Mr Mrs Miss Ms
First Name: _____
Email address: _____

Name of Department
or Work Area: _____
Name of Employer: _____
Postal Address of Employer: _____

Have you been a member of the NZSSA before?

Yes No

If "Yes" approx. what was
your last year of membership:
Membership Category

Member **S**tudent **G**raduate **R**egistered

All mailing will be to your employers address unless
you indicate here.

OFFICE USE ONLY

Date received:
Membership number:
Administered by:

I hereby apply for membership
of the New Zealand Sterile
Services Association as defined
in Clause 5 "Application for
Membership"
In the Constitution and Rules

Signature: _____

Date: _____

List any Tertiary qualifications

Please post membership fee of
\$ 50, along with this form to:

The Treasurer
228 Talbot Street
Hargest
Invercargill 9810
Phone : 03 217 6995
Fax: 03 217 6994
Email: dphillip@es.co.nz

Alternatively pay by direct credit:
N Z Sterile Services Association
Westpac 030156 0173557 00
This payment must be able to
be identified as yours on the
NZSSA bank statement.

Method of payment
Cheque Cash
Direct Credit Credit Card
C.C. see www.nzssa.org