

MEMBERSHIP APPLICATION FORM



NEW ZEALAND
STERILE SERVICES
ASSOCIATION

Te Ratonga Whakakoromata 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 you have what was
your last year of membership:

All mailing will be to your employers address unless
you indicate otherwise. Please mail to:

OFFICE USE ONLY

Date received:

Membership number:

Actioned 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:

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

Alternatively pay by direct credit:
N Z Sterile Services Association
Westpac 030156 0173557 00

**Please make sure that the bank
includes 8 letters of your last
name with payment details.**

Please indicate method of
payment:

Cheque Cash Direct Credit

Daniel Phillips Treasurer
228 Talbot Street
Invercargill 9810

Phone : 03 217 6995

Fax: 03 217 6994

Email: dphillip@es.co.nz