

NZIMLS - membership application

(also available at www.nzimls.org.nz)



Please complete and return to:
PO Box 505, Rangiora, New Zealand email: fran@nzimls.org.nz

Title: Mr / Mrs / Ms / Miss / Dr / **Date:**

Surname: **First name(s):**

Organisation:

Laboratory / Department:

Discipline / Specialty (for receipt of SIG information):

Laboratory address for correspondence:

Postal Code:

Wk Ph: **ext** **Fax:** **Mobile:**

Email address: @ (for website access)

Employment position:

Highest professional qualification:

Year obtained: **Qualification specialty:**

MLSB Registration Number:

Nominated by:

Membership categories:	Fellow or Member	\$112.00 /annum	
	Associate	\$ 56.00 /annum	(circle one)
	Non-practising	\$ 56.00 /annum	

Guidelines for membership categories:

- Member Any Scientist/Technologists registered with the NZ Medical Laboratory Technologist's Board.
- Associate: Any person engaged in Medical Laboratory Science who is not eligible for any other class of membership e.g. QTA.
- Non-practising: 1. Any person who has been a Fellow, Member or Associate, but is no longer engaged in Medical Laboratory Science and who wish to become a non-practising member.
2. Any person not engaged in Medical Laboratory Science.

Payment: **Cheque** or **credit card** (circle one)
(Please make cheques in NZD and payable to "NZIMLS")

Charge to: **Visa** **MasterCard** (circle one)

Credit card No.

Expiry Date: / **Amount:**

Name of cardholder: **Signature:**