

# NZIMLS - membership application

(also available at [www.nzimls.org.nz](http://www.nzimls.org.nz) )



Please complete and return to:

PO Box 505, Rangiora 7440, New Zealand

email: [fran@nzimls.org.nz](mailto: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:** .....

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

## Membership categories:

Member: Any Scientist registered with the NZ Medical Laboratory Science Board.  
Associate: Any person(s) not eligible for Member class of the NZIMLS. (Includes Technicians and non-vocationally qualified persons associated with the profession).  
Student: Any person completing the third or fourth year of a BMLSc program being offered at a NZ University - requires separate application form.

**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:** .....