

NZIMLS MEMBERSHIP APPLICATION – STUDENT 2019



Please complete and email to:
sharon@nzimls.org.nz

Please complete all fields

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

Surname: _____ **First Name(s):** _____

Address for correspondence: _____

_____ **Postal Code:** _____

Mobile: _____

Email address: _____ @ _____

NB: An email address is required for access to member areas of the NZIMLS website and for future electronic correspondence

University: Otago University / AUT (delete one)

BMLSc Year: 4th** 3rd* (delete one)

Date of Birth: _____

Nominated by: _____ **(Compulsory)**

NB: You must be nominated by a current member of NZIMLS for your application to be accepted

**Membership for 4th year students is complimentary.

*3rd year students will be considered on a case-by-case basis.

Once we receive your completed application, you will be emailed with login details for our website.

From our website you can:

- Participate in forums for your chosen discipline
- Read the Journal of Medical Laboratory Science online
- Follow us on Facebook
- Keep up to date with 'What's new' on our home page
- And more!

You will also receive emails from the Executive Office advising of upcoming events that you may be interested in.

Email completed form to:

sharon@nzimls.org.nz