New Zealand Society of Gastroenterology Inc

Application for Membership

Preferred Title: ☐Miss ☐Ms ☐Mrs ☐Mr ☐Dr ☐Associate Professor ☐Professor

Full Name: _____ _____ _____
First Middle Last

Membership Type: ☐Full ☐Associate ☐Trainee/Registrar/Full time researcher
☐Scientist/Paramedical ☐Honorary

SECTION 1

Contact Information	
Current Position:	
Hospital & University Appointments:	
Contact Address:	
City:	Post Code:
Phone Number:	
Fax Number:	
Email Address	

SECTION 2: Your membership must be proposed and seconded by current NZSG full members

Membership Nomination	
Proposer	Seconder
Full Name:	Full Name:
Signature:	Signature:

SECTION 3: Please attach a copy of your curriculum vitae with your application.

Applicant Signature: _____

Date: _____

Return to:
The Executive Officer
New Zealand Society of Gastroenterology
PO Box 10 601
Wellington 6143