

NZSAP MEMBERSHIP APPLICATION FORM

Applicant (please print)

Surname _____
First name _____
Title _____ **Initials** _____
E-Mail _____

Address (for correspondence)

Signature _____

Recommending Members

Note: If you do not know a proposer and seconder leave this blank and a committee member will act on your behalf.

Proposer (print name) _____ **Seconder** (print name) _____

Signature _____ **Signature** _____

Student Membership:

Supervisor (print name) _____ **Signature** _____

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