

THE AUSTRALIAN AND NEW ZEALAND SOCIETY
OF OCCUPATIONAL MEDICINE (NZ) INC (ANZSOM)



Nomination for Associate Membership

*This is an editable form which you can complete on-line (and add a digital signature, if you have one).
If not, print the form and sign. Once completed, please scan and email to secretary@anzsom.org.nz.
Items marked in red, plus signatures, are the minimum required.*

Nominee Details:

Surname:		Given Names:	
Qualifications:			
Organisation:		Position:	
I am interested in Occupational Medicine...	...and engaged in this allied field: [complete, if applicable]		

** select one.*

Private		Business	
Address:		Address:	
Phone:		Phone:	
		Mobile:	
Email:		Email:	

NB: Please TICK **one** postal address & **one** email that is preferred for Committee notifications..

I certify that the details above are correct, and (not being a registered medical practitioner, but a student or professional in an allied field) am engaged/interested in the practice of occupational health. I hereby apply to be elected an Associate Member of the Australian & New Zealand Society of Occupational Medicine (NZ) Inc and if elected I agree to abide by the Rules of the Society.

Signature:	
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Nominator details:

We the undersigned members of the Australian and New Zealand Society of Occupational Medicine (NZ) Inc are satisfied that the colleague named above is properly qualified, according to the Rules, to become an Associate Member of the Society and hereby nominate him/her to be so elected.

Name:		Signature:	
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Name:		Signature:	
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Please note: After successful election to membership, you will be notified of this and advised how to **activate** your membership, when a fee for the current year's membership will be required.