## 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 <a href="mailto:secretary@anzsom.org.nz">secretary@anzsom.org.nz</a>... Items marked in <a href="mailto:red">red</a>, plus signatures, are the minimum required.

Surname:			Given Names:	
Qualifications:				
Organisation:			Position:	
I am interested in		.and engaged in	n this allied field:	
Occupational Medicine		[con	nplete, if applicable]	
		* selec	ct one.	
Private			Business	
Address:			Address:	
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Phone:			Phone:	
			Mobile:	
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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.