



## NZIMLS MEMBERSHIP APPLICATION – STUDENT

Please complete and email to:

[admin@nzimls.org.nz](mailto:admin@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:

- 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. Remember to subscribe to our emails.

### **Email completed form to:**

[admin@nzimls.org.nz](mailto:admin@nzimls.org.nz)