



New Zealand Institute of Physics

The New Zealand Institute of Physics *Membership Application Form*

Title	Initials	Usual First Name	Family Name/Surname
Address for Correspondence (preferably work)			
Phone		Fax	
E-mail Address			
Job Title		Employer	Brief Description
Qualification Name	Major Subject	Year Obtained	Awarding Institution
Experience (Teaching, Industrial, Technical, Academic etc)			No of Years

I would like to apply for membership of the New Zealand Institute of Physics at the status of:
 Member Associate Member (Education) Student Company

Signature.....

Date.....

I enclose \$..... (see the membership information and regulations form for amount and conditions of membership).

Please tick if you are a Teacher

Please return the completed form and cheque to: Rhondda Sullivan, NZIP Membership, Dept of Physics & Astronomy, University of Canterbury, Private Bag 4800, Christchurch, New Zealand

For NZIP Use	For RSNZ Use
Membership Approved:	Membership Number:
Date:	Amount Enclosed:
Notified:	Date Processed: