



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 Student Company

(See the membership information and regulations for levels and conditions of membership)

Signature.....

Date.....

Please tick if you are a Teacher

Please email the completed form to NZIP@confer.co.nz.

Alternatively, contact Michelle Vui at Conferences & Events Ltd

Ph: 04 384 1511

Fax: 04 384 1522

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