

## NZSAP MEMBERSHIP APPLICATION FORM

**Applicant** (please print)

**Surname** \_\_\_\_\_

**First name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Initials** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Address** (for correspondence)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_

### **Recommending Members**

Note: If you do not know a proposer and seconder leave this blank and a committee member will act on your behalf.

**Proposer** (print name) \_\_\_\_\_

**Signature** \_\_\_\_\_

**Secunder** (print name) \_\_\_\_\_

**Signature** \_\_\_\_\_

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