



Student Membership Application Form

Important: This application form is for student members only. To qualify for student membership you must be a full-time student. All correspondence will be sent to your institution address. If you are working primarily at a separate location, please provide an alternative address and a signed statement from your supervisor.

Section one: Personal details

Title: _____ First name(s): _____ Surname: _____

Institution address: _____

_____ Postcode: _____

Mobile: _____ Work phone: _____ Fax: _____

Email address: _____

Name of Supervisor/s: _____

Please tick appropriate category: PhD MSc Other (specify) _____

Section two: Membership details

Branch: Auckland Waikato Manawatu Wellington Canterbury Otago Overseas

Please indicate appropriate membership category:

- Student member **three year** subscription - \$90.00
 Student member **one year** subscription - \$35.00

Section three: Payment details

- Payment by cheque is enclosed
 Payment by direct credit to BNZ account 020585 0057263 00
 Please charge my Visa / Mastercard (select one) the sum of \$ _____

Name on card _____

Credit card number _____

Expiry date _____ / _____ Signature _____

As a member of the New Zealand Institute of Chemistry I agree to uphold the NZIC Rules and Code of Ethics

Signed: _____ Dated: _____

Please post completed application form, with payment, to:

NZIC, Freepost 96, PO Box 39 112, Harewood, Christchurch, New Zealand