

Membership Application

(Please print clearly)



Name (in full)

Preferred name (to appear on correspondence)

Address

Professional qualifications.....

Graduation: Date Place

I hereby make application for membership of the New Zealand Veterinary Association Inc and undertake, if elected, to abide by the Rules and Regulations of the Association.

Signed Date.....

Membership category (please ✓ where appropriate)

- | | |
|--|--|
| <input type="checkbox"/> Full member | <input type="checkbox"/> Retired member |
| <input type="checkbox"/> Married couple | <input type="checkbox"/> Student member |
| <input type="checkbox"/> Overseas member | <input type="checkbox"/> Non-registered member |
| <input type="checkbox"/> First year graduate | <input type="checkbox"/> Part-time member |
| <input type="checkbox"/> Second year graduate | <input type="checkbox"/> Maternity leave / Unemployed member |
| <input type="checkbox"/> Full-time post graduate student | <input type="checkbox"/> Associate member |

I hereby certify that I am registered with the Veterinary Council of New Zealand / a bona fide student (delete one).

We the undersigned support the above application of
and are of the opinion that he/she is a fit and proper person to be elected to Membership in the category stated.

Proposer

Name.....

Signed Date.....

Second

Name.....

Signed Date.....

Proposer and Second must be current members of the New Zealand Veterinary Association