



Special Interest Group Application Form

Name*		Contact Telephone	
Postal Address*			
Email Address*			
Physiotherapy NZ Membership Number*			
Employment Area			
Role/Title*			
District Health Board*			
* Asterisk fields are compulsory			
Membership fee:	\$ 30.00		
Applicant's Declaration: I have read, understood and meet the requirements of the SIG rules.			
Signature		Date	
Membership Nominator: (Should be an existing member of this SIG and on data base)			
Name			
Signature		Date	
Office use only: <input type="checkbox"/> Asterisk fields all completed <input type="checkbox"/> Declaration signed <input type="checkbox"/> Nominator current SIG member <input type="checkbox"/> Applicant current PNZ member <input type="checkbox"/> Receipt sent			
Membership Financial year: 1 January to 31 December			