



New Zealand
Biosecurity Institute

Membership Application Form

Name of Applicant:.....Preferred Name:.....

Home Address:.....

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Postal Address (if different from above):.....

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Home Phone:.....

Employer Name and Contact Address:.....

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Job Title:.....

Work Phone:.....

Work Fax:.....

Mobile Phone:.....

Email:.....

Particular Fields of Interest and Expertise:

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I would like to apply for membership of the New Zealand Biosecurity Institute Inc.

Signature of applicant:..... Date:.....

Please return the completed form to:

NZBI Membership Coordinator/Treasurer
c/- Randall Milne
Environment Southland
Private Bag 90116 Invercargill
treasurer@biosecurity.org.nz

Do not send membership subscription with this form – an invoice will be sent to you once your application has been processed. If your application is accepted, the details you provide on this form will be made available to other members of the institute.