



## APPLICATION FOR MEMBERSHIP

<b>First name (s)</b>	
<b>Last name</b>	
<b>Mailing address:</b>	
<b>Street</b>	
<b>Suburb</b>	
<b>City</b>	
<b>Postcode</b>	
<b>Email address</b>	
<b>Contact phone</b>	
<b>Current employer</b>	
<b>Professional field</b>	
<b>I consent to having my name, role, employer and region included in the PONZ members' newsletter</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

(please turn over)

## Membership options

I apply for membership via the following option:  
(cross out those that do not apply)

1) I am a REGISTERED health professional (proof of registration must be attached)

*OR*

2b) I work with people with cancer and their whānau and my application is endorsed by my manager

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if required)

**Please send your completed application form along with evidence of your professional registration (if applicable) to:**  
[warricks@canteen.org.nz](mailto:warricks@canteen.org.nz)