

STUDENT MEMBERSHIP APPLICATION

PERSONAL DETAILS	ACADEMIC INSTITUTION DETAILS		
Title			
Name	Organisation		
Home Phone Mobile Email	Address		
DECLARATION AND ADHERENCE TO CODE OF BEHAVIOUR I declare the information I have provided in support of this application is a true and correct reflection of my ENROLMENT. I agree to abide by the SESNZ Code of Behaviour. I have included with my application ☑ (Please tick)			
		Scanned copy of Student ID	
		Declaration and adherence to Code of Behaviour	
Privacy Act 1993			
I consent to the collection of my contact address and per-	sonal details by Sport and Exercise Science New Zealand for the purposes of assisting the and for it to retain, use and disclose this information to its officers and members for this rect this information under the Privacy Act 1993.		
Applicant signature	Date		
PAYMENT OPTIONS			
Cheque (attached)			
Direct Credit			
	1.0.00 to: "Sport and Exercise Science NZ Inc": ase ensure you note your surname in the Payee details.		
Forward your Application Form and Fees to:			
Sport and Exercise S	Science NZ, PO Box 37415, Christchurch 8245 or:-		

natmanager@sesnz.org.nz

Membership Application 2018