



**PSYCHOSOCIAL
ONCOLOGY
NEW ZEALAND**

Application for Membership

First name (s)	
Last name	
Mailing address:	
Street	
Suburb	
City	
Postcode	
Email address	
Contact phone	
Current employer	
Professional field	

(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

2a) Two current PONZ members support my application

(print name) Member 1

(print name) Member 2

(signature)

(signature)

OR

2b) I have a letter of endorsement from my manager (attached)

OR

3) I am applying for student membership (proof of enrolment status must be attached)

Applicant Signature: _____

Date: _____

**Please send your completed application form along with evidence of your professional registration/student status or letter of endorsement (if applicable) to:
Emma Bell, 720 Ryal Bush Wallacetown Road, RD4, Invercargill 9874,
or emma.bell@southerncancernetwork.org.nz**