

# NZIDT

New Zealand  
Institute of Dental  
Technologists

## Application for Membership

This completed form, along with the annual membership fee, should be posted to the NZIDT Secretariat.

The membership period is from 1<sup>st</sup> July to 30<sup>th</sup> June.

Partial year rates may apply for NEW members (never been a member, or have not been a member for the past three years).

Partial fees for new members will be worked out on a case by case basis, please contact the Secretariat for information.

To be a full member of the NZIDT you need to be a registered dental technician. Non-registered people working in the dental industry are welcome to join as an associate member. Associate members have the rights of a full member except for voting rights at national meetings.

First Name: ..... Last Name: .....

Mailing Address: .....

Email address for correspondence: .....

(This will be used for the purpose of contacting you regarding NZIDT newsletter and general matters)

Telephone: ..... Mobile: .....

I am applying for full membership (Renewal)  DCNZ Reg. No. ....

I am applying for full membership (New Member)  DCNZ Reg. No. ....

I am applying for associate membership

I am applying as a Dental Technology Student (Otago) / 1<sup>st</sup> year qualified  Student ID. No. ....

(Current final year and 1<sup>st</sup> year graduate students of the DT program (Otago) receive free membership)

### My closest NZIDT branch is:

(Please tick 1 box)

- 01 = Northern (North Island)
- 02 = Auckland
- 03 = Hamilton / Waikato / Bay of Plenty (North Island)
- 04 = Middle Districts (North Island)
- 05 = Wellington (North Island)
- 06 = Nelson/Marlborough (South Island)
- 07 = Canterbury (South Island)
- 08 = Otago (South Island)

Should I be accepted as a member, I agree to abide by the NZIDT constitution

Signature: ..... Date: .....

**Payment options:** Yearly Subscription Fee **\$168.75** (incl GST)

NZIDT GST No. 72-907-418

Cheque ..... Please make **cheque payable to NZIDT** or

Direct bank deposit .... Please include Initial & Last Name in **Reference Field**

Account Name: **Member subscription**

BNZ Bank Account No: **02 / 0280 / 0163778 / 002**

Please send registration form to:  
**NZIDT Secretariat**  
**PO Box 290**  
**Waipukurau 4242**

Membership will not be confirmed until this form and correct payment has been received