

Application for Membership

This completed form, along with the annual membership fee, should be posted to the NZIDT Secretariat. The membership period is from 1st May to 30th April. Partial year rates may apply for NEW members (never been a member or have not been a member for the past three years). To be a full member of the NZIDT you need to be a registered dental technician or clinical dental technologist. 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.

☐ **Must tick this box I consent to become a member of this society**

First Name:

Last name:

Mailing Address:

(include business name if applicable)

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 (new member)

DCNZ Reg. no.

I am applying for full membership (renewal)

☐

DCNZ Reg. no.

I am applying for associate membership
the

☐

Attach information on your connection to
industry

I am applying as a Dental Technology Student
(Otago) or fulltime post grad CDT student

☐

Student ID no.

year 1 ☐ year 2 ☐ year 3 ☐

Post Grad ☐ other

(fulltime students of the DT or CDT program (Otago) receive free membership).
(state).....

(Includes first year graduates free or second
year 50%)

My closest NZIDT branch is:

(please tick one box)

☐
☐
☐
☐
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☐
☐
☐

01= Northern (North Island)

02=Auckland

03=Hamilton/Waikato/Bay of Plenty

04=Middle Districts (North Island)

05=Wellington (North Island)

06=Nelson/Marlborough (South Island)

07=Canterbury (South Island)

08=Otago

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

NZIDT may in the future make the NZIDT members list available for the public.

(Please tick this box if you do **not** wish to be on this list ☐)

Signature:

Date:

Payment options: yearly subscription fee \$385.00 (inc gst)

NZIDT GST No. 72-907-418

☐

Direct bank depositPlease include initial & Last Name in Reference Field

Account Name: **New Zealand Institute of Dental Technologists Inc**

BNZ Bank Account No: **02 / 0280 / 0163778 / 000**

**If you wish to pay by Paypal or visa please do this online at
nzidt.org.nz/product/nzidt-membership-application/**

Please send registration form to:

NZIDT Secretariat

P O Box 458

Waipukurau 4242

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