



The New Zealand Institute of Agricultural & Horticultural Science Inc

MEMBERSHIP APPLICATION FORM

SECTION A PERSONAL DETAILS

Title: Dr / Mr / Mrs / Miss / Ms _____
Initial _____ Surname _____

Address _____
Preferred First Name _____ Date of Birth _____

Telephone (include STD codes) _____

Business _____ Business Fax _____ Mobile _____ Home _____

Email _____

SECTION B MEMBERSHIP APPLICATION DETAILS (tick where appropriate)

Proposed Status Full Associate Student Overseas Retired Family

Membership of other societies _____

Qualifications	Degree	University	Date

Employer _____

Job Description _____

Work Experience _____

Proposed by	Name	Signature
	Section	
Seconded by	Name	Signature
	Section	

Signature _____ Date _____

SECTION C PAYMENT DETAILS

I wish to pay by cheque – \$ _____ enclosed. Cheques made payable to NZIAHS

I wish to pay by credit card – tick as appropriate VISA MASTERCARD

Credit Card No.

Expiry Date _____ Name as on Card _____ Amount to be paid \$ _____

Signature _____

Payment is based on the proportion of financial year remaining in first year of membership

INFORMATION FOR MEMBERSHIP RECORDS

In the three categories below, please indicate the PRIMARY levels of activity/interest:

A. EMPLOYMENT SECTOR

- | | | |
|---|--|--|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Government (Regional) | <input type="checkbox"/> Self Employed |
| <input type="checkbox"/> CRI | <input type="checkbox"/> Industry | <input type="checkbox"/> Student |
| <input type="checkbox"/> Government (Central) | <input type="checkbox"/> Retired | <input type="checkbox"/> Other |

B. TYPE OF WORK (maximum of 3)

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Management | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Publications & Promotion | <input type="checkbox"/> Student |
| <input type="checkbox"/> Extension | <input type="checkbox"/> Research & Development | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Farming/Growing | <input type="checkbox"/> Retired | <input type="checkbox"/> Valuation |

C. FIELD OF INTEREST (maximum of 6)

- | | | |
|--|--|--|
| <input type="checkbox"/> Agronomy | <input type="checkbox"/> Farm Management | <input type="checkbox"/> Plant Virology |
| <input type="checkbox"/> Animal Science | <input type="checkbox"/> Floriculture | <input type="checkbox"/> Pomology |
| <input type="checkbox"/> Amenity Horticulture | <input type="checkbox"/> Food Science | <input type="checkbox"/> Postharvest |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Horticulture General | <input type="checkbox"/> Resource Management |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Management/Administration | <input type="checkbox"/> Sheep |
| <input type="checkbox"/> Biodiversity | <input type="checkbox"/> Marketing | <input type="checkbox"/> Soil Science |
| <input type="checkbox"/> Biometrics | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Subtropical fruits |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Ornamentals | <input type="checkbox"/> Sustainability |
| <input type="checkbox"/> Breeding Genetics | <input type="checkbox"/> Organics | <input type="checkbox"/> Temperate fruits |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Plant Breeding | <input type="checkbox"/> Tropical fruits |
| <input type="checkbox"/> Deer | <input type="checkbox"/> Pasture Forage | <input type="checkbox"/> Valuation |
| <input type="checkbox"/> Economics | <input type="checkbox"/> Plant Pathology | <input type="checkbox"/> Vegetable Crops |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Plant Protection | <input type="checkbox"/> Veterinary |
| <input type="checkbox"/> Entomology | <input type="checkbox"/> Plant Physiology | <input type="checkbox"/> Viticulture |
| <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Plant Science | <input type="checkbox"/> Other |

D. KEYWORDS

Describe your specific specialities or areas of interest on the lines below.

Yes, I am happy for my details to be part of the online database.

My email and mailing address will be safeguarded i.e. non-members will not have access to my email and address details without my permission.

No, I disagree. I do not want my details to be part of the online database.

This means that my name and my details will not be available to either other members or non-members unless I give them this information.

Please return this form to:

NZIAHS Secretariat, P.O. Box 121-063 Henderson, Waitakere City 1231

Telephone: 0-9-812 8506, Facsimile: 0-9-812 8503

Email: secretariat@agscience.org.nz Website: www.agscience.org.nz