



HEALTH RESEARCHERS OF NEW ZEALAND (HRONZ) INCORPORATED MEMBERSHIP FORM

I, _____ (full name), hereby apply to become a member of Health Researchers of New Zealand (HRONZ) Incorporated.

Please provide complete address details, or attach your business card to this form

Address: _____

Email address: _____

Your signature: _____

Date: _____

\$10 membership cheque enclosed, made out to HRONZ Inc. _____ (tick)

Approved by (Signature of member of HRONZ executive): _____
(We will arrange this for you – just leave blank)

Date: _____

Return form & cheque to:

Dr Chris Charles
Christchurch Cardioendocrine Research Group
Department of Medicine
Christchurch School of Medicine and Health Sciences
PO Box 4345, Christchurch
Email: chris.charles@chmeds.ac.nz