



Membership Application

I would like to apply for Full/Associate membership of NZSPB.
I enclose my subscription of (please circle one):

Full Members \$50 (one year) or \$80 (two years)

Associate Members \$30 (two years) or \$60 (four years)

N.B.: Associate Membership is intended for full-time students or those who have retired. The membership year runs from 1 January to 31 December.

Full Name and Title:

Department/Research Centre:

Institution:

Street Address or Box/Bag No.:

Town/City:

Telephone: ()

Fax: ()

E-mail address:

Research Interests (keywords):

Do we have your permission to publish the above information in our membership list, both in hardcopy and on the NZSPB Website? **Yes** **No** (*Circle one*)

Signature:

Please send a completed copy of this form with payment to the treasurer

NZSPB Treasurer:
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