

Please mail to:
 The Secretary
 NZ Society for Earthquake Engineering (Inc.)
 PO Box 2193
 WELLINGTON
 New Zealand

New Zealand Society for Earthquake Engineering (Inc.)



APPLICATION FOR INDIVIDUAL MEMBERSHIP

Title	<input type="text"/>	Given Name	<input type="text"/>	Family Name	<input type="text"/>
Postal Address	<input type="text"/>			Phone Number	<input type="text"/>
	<input type="text"/>			Fax Number	<input type="text"/>
	<input type="text"/>			E-mail Address	<input type="text"/>
Academic Qualifications			Professional Memberships	(Year Elected)	
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		
Present Employer:	<input type="text"/>				

Engineering civil <input type="checkbox"/> geotechnical <input type="checkbox"/> structural <input type="checkbox"/> mechanical <input type="checkbox"/> other (specify) <input type="checkbox"/> <input type="text"/>	Scientific geology <input type="checkbox"/> geophysics <input type="checkbox"/> seismology <input type="checkbox"/> applied maths <input type="checkbox"/> other (specify) <input type="checkbox"/> <input type="text"/>	Architecture <input type="checkbox"/> Insurance <input type="checkbox"/> Other <input type="checkbox"/> (specify employment links to earthquake engineering): <input type="text"/>	OCCUPATION <i>please tick appropriate category</i> <input type="text"/>
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EXPERIENCE
in earthquake engineering or related fields

FIELD OF INTEREST
in earthquake engineering or related subjects

DECLARATION
 If admitted to membership, I agree to abide by the rules of the New Zealand Society for Earthquake Engineering (Inc)

Signed

Date

ANNUAL SUBSCRIPTION
Due on notification of acceptance for membership, thereafter on 1 October

I am applying for Full Membership

I am applying for Student Membership

please tick one