

New Zealand Anaesthetic Technicians Society Membership

Please print clearly

Full Name	Membership Type: Trainee, Qualified or Associate* If Qualified, please add MSC # and year qualified:	Gender	Date of Birth	Current Employer	Ethnicity	Registered Disabled	Email	Address	Mobile Number

* Please note: Associate membership needs to be approved by the NZATS Executive Committee

Please advise who to send invoice to (including email address):	
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