



MEMBERSHIP APPLICATION FORM

Surname:.....
First Name:.....
Postal Address:
Personal email address (for CCLS mailouts):
Qualifications:..... Date of Acceptance by RANZCO or NZAO:

Note: membership of RANZCO or NZAO is mandatory for membership of the CCLSNZ.

Practice Name:.....
Practice Physical Address:.....
Practice Phone:..... Practice Fax:.....
Practice Email Address (for CCLS website listing) :.....
Practice website:

I hereby apply for membership of the Cornea & Contact Lens Society of New Zealand.

I undertake to abide by its rules and to observe its guidelines.

I would like my name to be included in the CCLS Website List of Practitioners: **yes/no**

Signature:..... Date:.....

Proposer's Name and Address:
.....

Proposer's Signature:

Secunder's Name and Address:.....
.....

Secunder's Signature:.....

(Proposer and Secunder must be current financial or life members of the CCLSNZ)

Please return to:

Richard Newson

Phone: 03 548 5200

Secretary CCLSNZ

PO Box 209

email secretary@contactlens.org.nz

Nelson 7040