



Cornea & Contact Lens Society

of New Zealand Incorporated

TRAINEE MEMBERSHIP APPLICATION FORM

Dr / Mr / Mrs / Ms / Miss

Surname.....

Preferred First Name.....

Address.....

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.....

Phone.....

Email.....

Degree sought.....

Year of Training.....

Expected Date of Completion.....

Signature of Applicant.

Nominated by (sign) (print)

Seconded by (sign) (print)

Date.....

Please return to:

Richard Newson
Secretary CCLSNZ
P O Box 209
Nelson
03 548 5200
secretary@contactlens.org.nz