



New Zealand Embalmer's Association

INCORPORATED



President:

Gary Wybrow
183 Middleton Road
St Clair Park
Dunedin 9012

Secretary:

Nick Evans
P O Box 877
Gisborne 4010

Application for: (please circle) *FULL* *ASSOCIATE* *STUDENT*

Surname _____

First Name(s) _____

Address _____

Email Address _____

Telephone Contact _____ (day) _____ (evening)

Firm of Employment _____

Position Held _____

Qualifications *(please attach certified copies)* _____

School of Embalming _____

Areas of Interest *(eg Disaster Response, Education etc)* _____

Reasons for changing Membership Status: _____

Applicant's Signature _____ Date _____

I hereby propose the Above Named Applicant for _____ membership:

Name _____ Date _____

I hereby second this Proposal:

Name _____ Date _____

[Executive Use Only]

Application put to General Meeting in [_____] on [_____]

Application Accepted on [_____] Membership Number to be issued [_____]