



NEW ZEALAND
EMBALMERS
ASSOCIATION

Application for Full Membership

Name:

Contact Address:

Contact Email:

Cell Number Work:

Qualifications Held: (copies attached)

Employer:

Company:

Email for Accounts:

Areas of Interest (education, disaster response etc)

Applicant's Signature:

I hereby propose the above-named applicant for full membership

Name:

Signature:

I hereby second this proposal:

Name:

Signature:

(Both proposer and seconder **Must be full NZEA members**)

When completed send to secretary@nzembalmers.org.nz

(Executive use only)

Presented to Meeting at:

Date:

Accepted Date:

Membership Number:

Mailchimp Loaded:

Qualifications Verified:

Website Loaded/Login Sent: