

Application to become a member of the Clinical Nutrition Association

Please fill this form out carefully and completely. Failure to do so may result in delays in your application while we try to contact you.

Part A

Your First Name/s:	
Your Surname:	
Postal Address:	
Home Phone:	
Work Phone:	
Mobile:	
Email Address:	
Referred by:	

Part B

Registration request (select one only):

- Practitioner Membership If applying June-December inclusive \$125; January-March inclusive \$80; April-May inclusive \$50
- Renewal of Practitioner Membership after less than 5 year's absence

If applying June-December inclusive \$125; January-March inclusive \$80; April-May inclusive \$50
- Corporate Membership If applying June-December inclusive \$125; January-March inclusive \$80; April-May inclusive \$50
- Student Membership If applying June-December inclusive \$35; January-March inclusive \$20, April-May inclusive \$15
- Friend of the CNA (public) If applying June-December inclusive \$35; January-March inclusive \$20, April-May inclusive \$15

Part C Practitioner Membership

Please list your qualifications (and the institute attended) relating to nutrition. Provide as much detail as possible. Original copies must be certified by a Justice of the Peace, and please include/attach the signed A4 copies.

Please describe your clinical experience (equivalent to 6 months minimum), and attach supporting evidence:

Please describe your holistic approach to clinical practise and attach supporting evidence:

Part D Student Membership

Please state the name of the institute you are attending relating to nutrition, and the name of the completed qualification. Please include/attach a copy of your student ID, or acceptance letter, confirming your status as a student.

Part E

Payment

Online banking via Kiwibank: 38-9009-0508274-00. Please include your name as a reference.

Amount paid : Date paid:

Part F

If you are applying for practitioner membership and you wish to be listed on our website please write the information you would like to appear here:

Business name:
Brief outline of Nutrition related services:
Address:
Contact details:

Part G

Are you interested in assisting the association? If so, please tick:

- joining the committee
- writing articles for the website
- mentoring students
- assisting with publicity or marketing
- other – note below:

--

Part H

Please allow up to 4 weeks for the processing of your application; longer if your qualifications are from a college outside of New Zealand. If your application is accepted, you will receive a receipt and welcome letter. Practitioner members will receive a Practising Certificate, valid for one year, confirming registration with the CNA, and the option to request the Accredited Member logo.

Email us at info@nutritionists.org.nz if you need assistance.

Our Code of Ethics and Rules of Practice are on the CNA Website under the "About us" tab.

Part I

Declaration

The details I have submitted on this form and the documents/photocopies I have provided are true and correct. I acknowledge that I have read and fully understood the Code of Ethics and the Rules of Practice of the Clinical Nutrition Association and, if accepted for membership, I agree to abide by them

If you are reapplying for practitioner membership after less than 5 year's absence, list your relevant continued education for the previous 12 months. Visit the FAQ page on our website for guidance if needed.

Course/seminar/event attended	Provider	Date attended (dd/mm/yyyy)	Hours

Applicant's Signature

.....

Or if applying electronically please check this box

Date:

Part I

Sending your application

Email your application with scanned supporting documentation to **info@nutritionists.org.nz**

Or post your application with supporting documents to:

The Secretary
Clinical Nutrition Association of NZ Inc.
PO Box 78440
Grey Lynn
Auckland 1245