

Membership Application Form

Name:	
Organisation:	
Address:1	
Mobile:	Work Phone:
Email:	
Qualifications &/or work history:	
Present position(s):	
Date:	
	(Please tick) If elected, I agree to abide by the rules & regulations of the Agronomy Society of New Zealand (Inc.)

 Please email completed form to:
 Or post to:

 treasurer@agronomysociety.org.nz
 Agronomy Society of New Zealand

 % Robert Southward
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Agronomy Society of New Zealand Inc.

¹ If working for an organisation, <u>use your work address</u> (this address is used for mailouts like the Conference Proceedings).