

Application Form for RETIRED Membership Status

YOUR CONTACT INFORMATION

First Name Last Name

Email

CURRENT MEMBERSHIP

Full

Fellow

NOTE: Retired status is not a membership grade; it is a special financial status relating to membership dues and may apply to Full or Fellow professional memberships.

I hereby request that my current membership grade be amended to indicate Retired status, and agree to pay the Retired membership fee (see NZOHS Website), upon acceptance of my application and receipt of invoice.

I confirm that I meet the required conditions (see NZOHS [Membership Criteria Bylaw](#)), please tick below.

If the retired member returns to any type of employment (greater than 8 hours of employment a week) where they are paid, whether this be salaried employment or contracted services - they acknowledge they will no longer be eligible for retired membership.

I confirm I meet the required conditions

I do not practice or intend to practice occupational hygiene for remuneration for more than 8 hours per week.

Applicant Signature

Date

Return the completed form to:
admin@nzohs.org.nz

NZOHS President Approved Date	
	Yes / No