

NZSSD is a national advisory body on scientific matters and clinical care and standards. The Society also works closely with Diabetes New Zealand and other lay societies. Its objectives are to promote the study of, and best standards of care, for diabetes in New Zealand.

The Society was established in 1977 and has around 400 members. The membership includes diabetes nurse educators and specialists, dietitians, podiatrists, optometrists, general and specialist medical practitioners, as well as researchers, non-clinical, community and industry health workers, all concerned in the care of people with diabetes. The Society enjoys close co-operation with the diabetes care industry.

In furtherance of these aims NZSSD holds an Annual Scientific Meeting. The Executive arbitrates the awards of research grants and also awards scholarships and grants. There is a newsletter (*Newsweet*) of information, events and general news of political, clinical and business matters in the New Zealand diabetes professional community.

The subscription year runs from 1st April to 31st March. The sub is \$80 per annum and \$150 for physicians GST incl. Bank is 02 0929 0230665 000.

Jan Brosnahan (NZSSD Membership Secretary) **Tel:** 027 223 0646 **Email:** nzssdmembership@gmail.com
 C/- 73 b Cannington Rd, Dunedin www.nzssd.org.nz

APPLICATION FOR MEMBERSHIP I wish to apply for membership of the **New Zealand Society for the Study of Diabetes Inc.** and hereby agree to abide by the rules of the Constitution.

A list of NZSSD members is sent to Diabetes New Zealand annually to allow circulation of the *Diabetes* magazine to our members. If you **DO NOT** wish to have your details provided to DNZ, please tick the box:

Please note that financial membership for a minimum of 6 months is necessary to access travel grants to the ASM and 18 months before eligibility for awards and grants.

(Bank to: 02 0929 0230665 00)

CONTACT DETAILS:		Profession	<input checked="" type="checkbox"/>
Title <i>(please circle)</i>	Prof Dr Mr Ms Mrs	Dietitian	<input type="checkbox"/>
Surname		Registered nurse	<input type="checkbox"/>
First name(s)			
Postal address		Medical specialist	<input type="checkbox"/>
		GP	<input type="checkbox"/>
		Non-clinical scientist	<input type="checkbox"/>
		Podiatrist	<input type="checkbox"/>
Employing body/institution <i>(if different from above)</i>		Optometrist	<input type="checkbox"/>
Telephone:		Industry	<input type="checkbox"/>
Fax:		Other <i>(please specify)</i>	<input type="checkbox"/>
E-mail:			
Areas of special interest? Eg Pregnancy, primary care...		Membership of other diabetes related associations? – Please specify	<input type="checkbox"/>

Signature.....

Date