

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 of diabetes in New Zealand.

The Society was established in 1977 and has around 300 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 industrial 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 of diverse origins and also awards scholarships and grants. There is a quarterly 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. This is presently NZ\$50 per annum and should be made by cheque or electronic payment. Cheques are payable to *NZ Society for the Study Diabetes*, and should be sent to:

Jan Brosnahan (NZSSD Membership Secretary) **Tel:** (03) 4747 007 x 8507 **Fax:** (03) 474 7641
 C/- Edgar National Centre for Diabetes Research www.nzssd.org.nz
 Department of Medical and Surgical Sciences
 University of Otago, DSM, PO Box 913
 Dunedin 9054, NEW ZEALAND **Email:** nzssdmembership@gmail.com

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 (this will not affect your membership status with NZSSD):

I will be paying by: **Cheque** **Electronic payment**
 (Please contact Jan Brosnahan to arrange electronic payment).

CONTACT DETAILS:		✓	Field of practice (tick as many as apply)	✓
Title (please circle)	Prof Dr Mr Ms Miss Mrs		Dietitian	
Surname			Specialist nurse	
First name(s)			Practice nurse	
Postal address			Medical specialist	
			GP	
			Non-clinical scientist	
			Podiatrist	
Name of practice/institute (if different from above)			Optometrist	
Telephone:			Industry	
Fax:			Other (please specify)	
E-mail:				

Signature.....

Date