



The McKenzie Institute New Zealand Membership Application

GOALS OF MEMBERSHIP

Disseminate information on latest advances in Mechanical Diagnosis and Therapy®



Increase the knowledge and expertise of its members



Improve the programs, services and support from the Institute



Provide a vehicle of communication between practitioners of the McKenzie Method®



Fax or mail this form with payment to:

**The McKenzie Institute
New Zealand
PO Box 2026
Raumati Beach 5255**

Fax: 04 299 7010

www.mckenziemdt.org.nz

Benefits of your membership:

- **International Journal of MDT** (Three times annually)
- **Discount on all course registrations** (excluding the Credentialling Exam)
- **Membership to the Regional Study Groups**
- **Marketing Support** to Credentialed/Diplomaed members (designed to make your job easier and business more cost-effective to promote your McKenzie certification):
 - ▶ Promote your clinic's website on our Therapist Locator (for certified McKenzie Clinics only)
 - ▶ McKenzie Overview Program (PowerPoint)

Name:

Home Address:

Suburb: City: Postal code:

Hospital/Practice:

Hospital/Practice Address:

Suburb: City: Postal code:

Phone (hm): Phone (wk): Fax:

Mobile: Email:

Physiotherapy Board Registration Number:

University: Year Grad: Qualification:

MCKENZIE COURSES ATTENDED:

Part A Year: Part D Year:

Part B Year: Part E Year:

Part C Year: Credentialling Exam Year:

Note: Please enclose a copy of the certificate from the most recent course

MEMBERSHIP FEES: \$100.00

PAYMENT OPTIONS:

Cheque payable to: The McKenzie Institute New Zealand

Online Banking Date paid: _____

Online banking details: The McKenzie Institute NZ Branch

National Bank

Waikanae

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Please Note: Please ensure your name is given in "Payee Reference"

For Office Use Only

Date received MI: Date received MINZ:

Amt. Paid: Date Paid: Payee Details:

Membership Information Pack Sent: Date:

Other: