

Association of Salaried Medical Specialists

PO Box 5251, WELLINGTON

Application for membership

I wish to apply for membership of the Association of Salaried Medical Specialists.

Surname:

Forename(s):

Postal address

.....

Salaried position held:

Wholetime; part-time (please circle) Tenths:

Medical/Dental Specialist; Moss; Doss; (please circle)

Other - please specify:

Department/office:

Institution:

Town:

If you are a paid up NZMA member:

I would like \$165 of my NZMA subscription credited to the ASMS in part payment of my subscription. YES/NO

I enclose \$165 subscription fee (GST inclusive) for the year 1 April, 1989, to 31 March, 1990.

If you are not a paid up NZMA member:

I enclose \$330 subscription fee (GST inclusive) for the year 1 April, 1989, to 31 March, 1990.

Signature:

Date:

Association of Gender Role Attitudes and Self-Esteem in Women

Journal of Personality and Social Psychology

Volume 70, Number 4, August 1996

Pages 800-810

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