



New Zealand Hospital Pharmacists' Association Incorporated
Te Kāhui Whakarite Rongoā Hōhipera o Aotearoa

Membership Application

I wish to apply for Ordinary Membership
 Associate Membership
 Corporate Membership

of the New Zealand Hospital Pharmacists' Association (NZHPA) and I am eligible under the rules printed on the reverse side of this form.

I agree to abide by the Rules of the association. I am liable for an annual subscription fee until such time as I notify the Secretary, in writing, of my resignation. My membership will cease automatically after any unpaid subscription is due.

Please print all details clearly

Name Dr/Mr/Mrs/Ms/Miss _____
 First Name _____ Surname _____ Preferred Name _____

Position Held if applicable _____

Hospital or Company Name _____

Postal Address _____
 (Business is preferred)

 Suburb _____
 City _____ Postcode _____

Work Phone _____

Work Fax _____

Home Phone _____

Date of Birth _____

Mobile _____

Email Address _____
 (for Database)

Email Address _____
 (for Discussion List)

I do not wish to subscribe to the NZHPA Discussion List (enrolment will be automatic if you do not tick here)

Have you been an NZHPA member previously? Yes / No

My Annual Subscription is enclosed (complete form with appropriate category fee, see over for payment methods):

	Subscription Fee 1 June to 31 May	
Ordinary - more than 20 hours / week	\$ 140.00	\$ _____
Ordinary - 20 hours or less / week **	\$ 100.00	\$ _____
Associate - Intern Pharmacist	\$ 60.00	\$ _____
Associate - Pharmacy Technician, more than 20 hours / week	\$ 60.00	\$ _____
Associate - Pharmacy Technician, 20 hours or less / week**, undergraduate student	\$ 45.00	\$ _____
Corporate	\$ 500.00	\$ _____
Special Interest Groups (SIG) <input type="checkbox"/> Medicine Information & Clinical Pharmacy (MICP)	\$ 10.00	\$ _____
<input type="checkbox"/> Compounding, Nutrition & Oncology (CNO)	\$ 10.00	\$ _____
<input type="checkbox"/> Pharmacists in Mental Health	\$ 10.00	\$ _____
<input type="checkbox"/> Technicians	\$ 10.00	\$ _____
Forums <input type="checkbox"/> Hospital Pharmacy Managers (DHB lead for pharmacy)	\$ 10.00	\$ _____
	Total	\$ _____

** If applying for a reduced subscription (20 hours/week or less) complete the following:
 I declare that I am employed for _____ hours per week.

Signature: _____ Date: _____

All subscriptions are inclusive of GST and are set annually at the NZHPA Annual General Meeting.

I do not wish to have my name or email address published on the *Members' Only* section of the NZHPA website www.nzhpa.org.nz

Please turn over

