



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

Subscription 2015/2016

Tax Invoice

GST No: 49-435-673

1 June 2015

Membership No:

Please update / amend your details

Work Phone _____	Work Fax _____
Home Phone _____	Date of Birth _____
Mobile _____	
Email Address _____	
Chat Group email (if different from above) _____	
<input type="checkbox"/> I do not wish to subscribe to the NZHPA Discussion List (enrolment will be automatic if you do not tick here)	

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)

	12 Month Subscription	1 June 2015 to 31 May 2016
Ordinary / Fellow - more than 20 hours / week	\$ 140.00	\$ _____
Ordinary / Fellow - 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 (SIGs)		
<input type="checkbox"/> Medicine Info. & 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: _____

Membership subscriptions are due from 1 June 2015

Please complete and return this form with your remittance to:
The Administrator
NZ Hospital Pharmacists' Association
PO Box 11640, Manners Street, WELLINGTON 6142
Fax (04) 381 4786 Phone (04) 802 0030 www.nzhpa.org.nz
Email: nzhpa@psnz.org.nz

Please turn over to continue with payment details:

Payment methods:

- Cheque If paying by cheque please make cheque payable to NZ Hospital Pharmacists Association.
- Direct Credit Bank account details 01 0505 0224181 00 – if paying by direct credit ensure your name and membership number are used as references and that this form is returned for processing (address on reverse).
Date Paid: _____
- Credit Card Please turn over and complete the credit card processing details.
For security reasons, please do not email your credit card information to us. Please send any credit card payments by fax or post.

I am paying by: Visa / MasterCard (please circle)

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Expiry Date: ____ / ____

Name on Card: _____ Signature: _____

Ethnicity

Which ethnic group do you belong to? *Mark the space or spaces which apply to you.*

- New Zealand European
- Tongan
- Māori
- Niuean
- Samoan
- Chinese
- Cook Island Maori
- Indian
- other such as Dutch, Japanese, Tokelauan. Please state _____

Are you descended from a Māori (that is, did you have a Māori birth parent, grandparent or great-grandparent, etc)?

- yes
- no
- don't know

Do you know the name(s) of your iwi (tribe or tribes)?

- yes
- no

If yes, please mark your answer and print the name and home area, rohe or region of your iwi below:

Iwi	Rohe (iwi area)

Signature _____ **Date** _____

RULES

The Association shall consist of the following classes of members:

5.1 Ordinary Member

Being a member as defined in Clauses 4.1 (Any Pharmacist who espouses the objectives of the Association) who has not been admitted as a Fellow.

5.2 Fellow

5.2.1 A member with 15 years experience in hospital pharmacy or clinical pharmacy practice may on application be admitted as a Fellow where in the opinion of the Executive this is merited.

Application in writing must be made to the Secretary. Copies of published work or thesis related to hospital pharmacy or clinical pharmacy practice must accompany the application.

5.2.2 A member may be elected a Fellow at an Annual General Meeting on the recommendation of the Executive, in recognition of distinguished service to the profession of hospital pharmacy or in clinical pharmacy practice.

5.2.3 A Fellow may use the designation FHPA after his or her name on documents.

5.3 Associate Member

5.3.1 A Pharmacist who is non-practising or overseas, an Intern Pharmacist, Pharmacy Technician, Undergraduate Pharmacy Student, or a non-pharmacist who espouses the objectives of the Association may be admitted as an Associate Member at the discretion of the Executive.

5.3.2 An Associate Member shall be liable for an annual subscription and have the right to attend and speak at any General Meeting of the Association, but shall not be entitled to vote or hold office.

5.4 Corporate Member

5.4.1 An organisation, which has an association with, or an interest in hospital pharmacy or clinical pharmacy practice, may be admitted as a Corporate Member at the discretion of the Executive.

5.4.2 A Corporate Member shall be liable for an annual subscription and shall have the right to have a representative attend and speak at any General Meeting of the Association, but a representative of a Corporate Member shall not be entitled to vote or hold office.