



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:**

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	12 Month Subscription	1 June 2015 to 31 May 2016
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\*\* If applying for a reduced subscription (20 hours/week or less) complete the following:  
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**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](http://www.nzhpa.org.nz)**  
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