



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

Subscription 2016/2017

Tax Invoice

GST No: 49-435-673

1 June 2016

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)		

		12 Month Subscription	1 June 2016 to 31 May 2017
Ordinary / Fellow	- Pharmacist more than 20 hours / week	\$ 140.00	\$ _____
Ordinary / Fellow	- Pharmacist 20 hours or less / week **	\$ 100.00	\$ _____
Ordinary / Fellow	- Hospital Pharmacy Technician more than 20 hours / week	\$ 100.00	\$ _____
Ordinary / Fellow	- Hospital Pharmacy Technician 20 hours or less / week **	\$ 75.00	\$ _____
Associate	- ⌘ (see below) more than 20 hours / week	\$ 60.00	\$ _____
Associate	- ⌘ (see below) 20 hours or less / week**	\$ 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			\$ _____

⌘ Associate membership includes: Intern Pharmacist, Undergraduate Pharmacy student, Pharmacy Technician student, Non-Hospital Pharmacy Technician or Non-Pharmacist. Please state: _____

** 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 2016

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:

