



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

Subscription 2011/2012

Name and Address details

Tax Invoice

GST No: 49-435-673

1 June 2011

Membership No:

Please update / amend your details

Work Phone _____	Work Fax _____
Home Phone _____	Date of Birth _____
Mobile _____	
Email Address _____	

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	
Ordinary / Fellow - more than 20 hours / week	\$ 130.00	\$ _____
Ordinary / Fellow - 20 hours or less / week **	\$ 95.00	\$ _____
Associate - Intern Pharmacist	\$ 54.00	\$ _____
Associate - Pharmacy Technician, more than 20 hours / week	\$ 54.00	\$ _____
Associate - Pharmacy Technician, 20 hours or less / week**, undergraduate student	\$ 42.00	\$ _____
Corporate	\$ 445.00	\$ _____
Special Interest Groups (SIGs)		
<input type="checkbox"/> Drug Information & Clinical Pharmacy (DICP)	\$ 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	\$ 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 on 1 June 2011

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.

Please turn over to continue:

