



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

Membership Application

I wish to apply for 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 / Fellow	- Pharmacist more than 20 hours / week	\$ 150.00	\$ _____
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	\$ 65.00	\$ _____
Associate	- ⌘ (see below) 20 hours or less / week**	\$ 50.00	\$ _____
Corporate		\$ 550.00	\$ _____

I would like to join the following...

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"/>	Mental Health	\$ 10.00	\$ _____
	<input type="checkbox"/>	Technicians	\$ 10.00	\$ _____
Advisory Group	<input type="checkbox"/>	Hospital Pharmacy Managers (I am a Hospital Pharmacy Manager)	\$ 10.00	\$ _____
			Total	\$ _____

Special Interest Networks (SIN) Education and Training No charge

⌘ 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: _____

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

Please turn over for payment

