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

Membership Application

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 _____ **Mobile** _____

Home Phone _____ **Date of Birth** _____

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

Please select your membership category, SIGs and SINs below, indicating the total amount.				1 June to 31 May Subscription Fee
Ordinary / Fellow	- Pharmacist more than 20 hours / week	$	160.00	$ _____
Ordinary / Fellow	- Pharmacist 20 hours or less / week **	$	110.00	$ _____
Ordinary / Fellow	- Hospital Pharmacy Technician more than 20 hours / week	$	110.00	$ _____
Ordinary / Fellow	- Hospital Pharmacy Technician 20 hours or less / week **	$	80.00	$ _____
Associate	- ⌘ (see below) more than 20 hours / week	$	70.00	$ _____
Associate	- ⌘ (see below) 20 hours or less / week**	$	55.00	$ _____
Corporate		$	575.00	$ _____
I would like to join the following…				
Special Interest Groups (SIG)	❑ Medicine Info. & Clinical Pharmacy (MICP)	$	10.00	$ _____
	❑ Compounding, Nutrition & Oncology (CNO)	$	10.00	$ _____
	❑ Mental Health	$	10.00	$ _____
	❑ Technicians	$	10.00	$ _____
Advisory Group	❑ Hospital Pharmacy Managers (I am a Hospital Pharmacy Manager)	$	10.00	$ _____
			Total	$ _____
Special Interest Networks (SIN)	❑ Education and Training		No charge	
	❑ Infectious Disease/Antimicrobial Stewardship ID/AMS (Must be an MICP SIG member)		No charge	
	❑ Cardiology		No charge	
	❑ Health Informatics		No charge	
	❑ Research		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: _____

Please turn over for payment details

Ethnicity

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

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

Are you of Māori descent (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 _____

All subscriptions are inclusive of GST.

Payment method:

❒ 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: _____

❒ Bulk payment — Payment will be made by _____

❒ Credit Card — Please complete the credit card details below.
For security reasons, please **do not** email your credit card information to us.
Please send any credit card payments by post or call with your credit card details.

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

Card Number: | | | | | | | | | | | | | | | | | Expiry Date: ____ / _____

Name on Card: _____ Signature:

Once complete please return this form with your remittance to:

The Administrator
NZ Hospital Pharmacists' Association
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Phone (04) 802 0030 ext 7 www.nzhpa.org.nz Email: nzhpa@psnz.org.nz