



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

Membership Application

I wish to apply for Ordinary Membership
 Associate Membership
 Corporate 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

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 Jan to 31 May	
Ordinary - more than 20 hours / week		\$ 65.00	\$ _____
Ordinary - 20 hours or less / week **		\$ 47.50	\$ _____
Associate - Intern Pharmacist		\$ 27.00	\$ _____
Associate - Pharmacy Technician, more than 20 hours / week		\$ 27.00	\$ _____
Associate - Pharmacy Technician, 20 hours or less / week**, undergraduate student		\$ 21.00	\$ _____
Corporate		\$ 222.50	\$ _____
Special Interest Groups (SIG)	<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: _____

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

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

