



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 HealthCare 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)
Street _____
Suburb _____
City _____ Postcode _____

Phone Number _____ **Date of Birth** _____

Email Address _____

Have you been an NZHPA member previously? Yes / No

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

My Annual Subscription is enclosed (complete form with appropriate category fee):

	Joining June to December in a given year	Joining January to May in a given year	
Ordinary - more than 20 hours / week	\$ 110	55	\$ _____
Ordinary - 20 hours or less / week **	\$ 80	40	\$ _____
Associate - Intern Pharmacist	\$ 45	22.50	\$ _____
Associate - Pharmacy Technician, more than 20 hours / week	\$ 45	22.50	\$ _____
Associate - Pharmacy Technician, 20 hours or less / week**, undergraduate student	\$ 35	17.50	\$ _____
Corporate	\$ 375	185.50	\$ _____
Special Interest Groups (SIG)			
<input type="checkbox"/> Drug Information & Clinical Pharmacy (DICP)	\$ 10	10	\$ _____
<input type="checkbox"/> Compounding, Nutrition & Oncology (CNO)	\$ 10	10	\$ _____
<input type="checkbox"/> Pharmacists in Mental Health	\$ 10	10	\$ _____
<input type="checkbox"/> Technicians	\$ 10	10	\$ _____
<input type="checkbox"/> Management	\$ 10	10	\$ _____
	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: _____

Ethnicity

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

- | | |
|---|----------------------------------|
| <input type="checkbox"/> New Zealand European | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Māori | <input type="checkbox"/> Niuean |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Indian |
| <input type="checkbox"/> other such as Dutch, Japanese, Tokelauan. Please state _____ | |

Are you descended from a Māori (that is, did you have a 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 _____

Please complete and return this form with your remittance to:

The Administrator
NZ Hospital Pharmacists' Association
PO Box 11-640, Manners Street, WELLINGTON 6142
www.nzhpa.org.nz

RULES

The Association shall consist of the following classes of members:

5.1 Ordinary Member

Being a member as defined in Clauses 4.1 (Any Pharmacist who espouses the objectives of the Association) who has not been admitted as a Fellow.

5.2 Fellow

5.2.1 A member with 15 years experience in hospital pharmacy or clinical pharmacy practice may on application be admitted as a Fellow where in the opinion of the Executive this is merited.

Application in writing must be made to the Secretary. Copies of published work or thesis related to hospital pharmacy or clinical pharmacy practice must accompany the application.

5.2.2 A member may be elected a Fellow at an Annual General Meeting on the recommendation of the Executive, in recognition of distinguished service to the profession of hospital pharmacy or in clinical pharmacy practice.

5.2.3 A Fellow may use the designation FHPA after his or her name on documents.

5.3 Associate Member

5.3.1 An Intern Pharmacist, Pharmacy Technician, Undergraduate Pharmacy Student, or a non-pharmacist who espouses the objectives of the Association may be admitted as an Associate Member at the discretion of the Executive.

5.3.2 An Associate Member shall be liable for an annual subscription and have the right to attend and speak at any general meeting of the Association, but shall not be entitled to vote or hold office.

5.4 Corporate Member

5.4.1 An organisation, which has an association with, or an interest in hospital pharmacy or clinical pharmacy practice, may be admitted as a Corporate Member at the discretion of the Executive.

5.4.2 A Corporate Member shall be liable for an annual subscription and shall have the right to have a representative attend and speak at any general meeting of the Association, but a representative of a Corporate Member shall not be entitled to vote or hold office.