NZVNA MEMBERSHIP APPLICATION FORM

TITLE: (PLEASE CIRCLE) DR / MRS / MISS / MS / MR

FULL NAME: _____

MAILING ADDRESS _____

_____ **POST CODE** _____

MOBILE: _____ **EMAIL:** _____ _____

ANNUAL MEMBERSHIP FEES include GST **GST number 86-754-193**

Membership is for one year and will fall due 12 months from joining **(New Zealand Residents)**

MEMBER CATEGORY:FULL: $90 ☐ **ASSOCIATE: $90** ☐ **CLINIC: $55** ☐ **STUDENT: $55** ☐

STUDENT MEMBER: COURSE_____ **YEAR ENROLLED**_____ **POLYTECHNIC** _____

CONFIRM ELIGIBILITY FOR STUDENT DISCOUNT
(Copy of Qualification or Enrollment acceptance) _____
OR Email address for Tutor/Course Supervisor

FULL MEMBER: QUALIFICATION _____ YEAR _____

PLEASE ENCLOSE A PHOTOCOPY OF YOUR QUALIFICATION CERTIFICATE OR A SIGNED DECLARATION FROM YOUR TRAINING COURSE LIAISON PERSON, AS PROOF OF YOUR QUALIFICATION. **YOUR MEMBERSHIP WILL NOT BE PROCESSED UNTIL A COPY OF YOUR QUALIFICATION IS PROVIDED**

NAME AND ADDRESS OF CURRENT PRACTICE:

_____

TELEPHONE NUMBER _____ FAX NUMBER: _____

Association badges are available and cost $15.00 each. Please tick the box if you wish to purchase a badge and include payment with your subscription ☐

Payment may be made by cheque, direct credit or credit card: Amount due: $_____

Card type: Visa ☐ MasterCard ☐ Amex ☐

Cardholder _____ Expiry Date_____

Card number

Direct Credit payments: Please include your name in the transaction details. Payment date: ___/___/___

Bank account: - Westpac New Zealand Veterinary Nursing Association Account number: 030525-0246206-00

I enclose cheque for $ _____ Date: ____ /____/____ (Please make cheques payable to NZVNA)

Members may be contacted by email about matters of importance including employment opportunities.
Please indicate your willingness to receive information from the NZVNA by ticking the boxes

All information ☐ Employment Opportunities ☐ Continuing Education ☐

Please return this completed form with your payment to:
NZVNA MEMBERSHIP SECRETARY
34a OBAN ROAD
BROWNS BAY, AUCKLAND 0630

Phone 0800 868 773
E-mail: membership@nzvna.org.nz

Office Use Only!							
Date Joined		Receipt No.		Database		Qualification	
Membership No.		Direct credit	Credit Card	Cheque banked		Badge purchase	
Renewal month		Username:		Password:			