



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: \$85 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 _____ POLYTECH _____ 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: _____

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

Employment Opportunities Continuing Education

Please return this completed form with your payment to:

NZVNA MEMBERSHIP SECRETARY
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
Renewal month	Username:	Badge purchase	Password: