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)

MEMBER CATEGORY:FULL: $90 ☐ **ASSOCIATE: $90** ☐ **CLINIC: $85** ☐ **STUDENT: $55** ☐
For 5 or more members

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

CONFIRM ELIGIBILITY FOR STUDENT DISCOUNT
**** Please attach a copy of Enrollment acceptance**

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 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

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 box
☐ ☐ ☐

Please return this completed form with your payment details to:
NZVNA MEMBERSHIP SECRETARY
PO Box 35-831
BROWNS BAY, AUCKLAND 0753

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			Badge purchase	
Renewal month			Username:		Password:		