NZVNA MEMBERSHIP APPLICATION FORM

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

FULL NAME: _____

MAILING ADDRESS _____

_____ **POST CODE** _____

TELEPHONE: _____ **MOBILE:** _____

EMAIL: _____

MEMBERSHIP CATEGORY *(please tick one)*

Membership fees include GST **GST number 86-754-193**

(Membership is for one year and will fall due 12 months from joining.)

ANNUAL MEMBERSHIP FEES: - Overseas Residents

Australia/South Pacific NZ$125.00 ☐ **Rest of the World NZ$185** ☐

FULL MEMBER: QUALIFICATION _____ YEAR _____

✸***FOR NEW MEMBERSHIP PLEASE PROVIDE A PHOTOCOPY OF YOUR QUALIFICATION CERTIFICATE***

NAME AND ADDRESS OF CURRENT PRACTICE: _____

_____

_____

TELEPHONE NUMBER _____ FAX NUMBER : _____

Payment may be made by direct credit or credit card

Visa ☐ MasterCard ☐ Amount due_____ Cardholder _____ Expiry Date_____

Card number | | | | | | | | | | | | | | | |

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

Please include your name in the transaction details. Direct credit payment date: ____ /____/____

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

General information ☐ Employment Opportunities ☐ Continuing Education ☐

Please return this completed form with your payment to:

NZVNA MEMBERSHIP SECRETARY

PO Box 35-831
Browns Bay
Auckland 0630
NEW ZEALAND

Phone: 0800 868 773

Email: membership@nzvna.org.nz

Letter		Date joined		Database		
Membership no		Receipt no.		Qualification received		
Renewal month			Username/password			