



NZVNA MEMBERSHIP APPLICATION FORM



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

FULL NAME: _____

MAILING ADDRESS _____

POST CODE _____

TELEPHONE: _____ 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: \$71.50 ASSOCIATE: \$71.50 STUDENT: \$46

STUDENT MEMBER: COURSE _____ YEAR ENROLLED _____ POLYTECHNIC _____
CONFIRM ELIGIBILITY FOR STUDENT DISCOUNT _____
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.**

NAME AND ADDRESS OF CURRENT PRACTICE: _____

TELEPHONE NUMBER _____ FAX NUMBER: _____

Association badges are available and cost \$11.50 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

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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
P O Box 1314
PALMERSTON NORTH 4440
Phone/Fax (home): 06-358-6448
E-mail: vetnurse@ihug.co.nz

Office Use Only!						
Letter		Receipt no.		Database		Qualification
Membership no		Direct credit		File card		Badge purchase
Date joined		Credit card authorisation number				SciQ information
Renewal month		Username:		Password:		