

Privacy Statement

The Pharmaceutical Society of New Zealand Inc ("the Society") is collecting this information from you for the purposes of granting you membership and for the administration of contact information for the Membership of the Society. This information will be held by the Society at our offices at 124 Dixon Street, Wellington. We will not use or disclose your personal information except in accordance with the Privacy Act 1993.

Under the Privacy Act 1993, you have the right to access or correct any personal information we hold about you. By signing this application form you acknowledge that you have read and understood this privacy statement and your rights contained within it.

Signed

Date

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New Zealand College of Pharmacists Membership

(to be completed by Full Members of the Society only)

Complimentary membership of the New Zealand College of Pharmacists is granted to full Members of the Society. Membership is normally \$150.

DO YOU WISH TO JOIN THE NEW ZEALAND COLLEGE OF PHARMACISTS?

Yes Please sign the declaration below

No

NEW ZEALAND COLLEGE OF PHARMACISTS DECLARATION

I wish to join the New Zealand College of Pharmacists and agree with the following declaration.

1. I hereby undertake to complete at least 25 hours of pharmacy-related continuing professional development during the year 1 January to 31 December 2010.

2. I understand that the personal information I have provided allows the New Zealand College of Pharmacists (NZCP) to carry out its purpose as a provider of education and training. I am aware that this information is collected and used for the purposes of granting membership to the NZCP and in the administration of my enrolment in courses and that it will not be used or disclosed except in accordance with the Privacy Act 1993.

I do not object to my name being published in a list of successful candidates.

I am also aware that I am able to have access to the information held on me and that this information can be corrected at any time at my request.

Signed

Date

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