PHARMACEUTICAL SOCIETY
of New Zealand Incorporated

Please return this application with your payment to
PSNZ Inc, PO Box 11 640, Manners Street,
Wellington 6142
Enquiries Phone: 04 802 0030

Pharmaceutical Society of New Zealand Inc – Technician Membership Application

Title (Mr, Mrs, Ms, Miss)		**Male** ☐ **Female** ☐		**Date of Birth**	
Surname			**Surname on Certificate**		
First Name			**Preferred Name**		
Email					
Home Phone			**Mobile Phone**		
Qualifications Held	**Dispensary Assistant Certificate** ☐ **Pharmacy Technician Certificate** ☐ **National Certificate in Pharmacy (Technician)** ☐		**Date of Qualification**		
Mailing Address					
Place of employment (Registered name) and address					

Fees

Technician Member $85.00 (GST incl)

Method of Payment (A tax invoice/receipt will be issued on receipt of payment)

☐ By Cheque (cheques payable to PSNZ Inc)
☐ By Direct Credit – ANZ Bank a/c no. 01-0509-0001989-000 (include name in reference field)

Date direct credited __/__/____

☐ Charge my Visa ☐ Mastercard ☐

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Card Holder's name _____ Signature _____

The Pharmaceutical Society of New Zealand Inc ("the Society") is collecting this information from you for the purposes of granting you Technician Membership and 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.

Signature…….. **Date**……..

Nov 2007