

# MEMBERSHIP APPLICATION



## PHARMACEUTICAL SOCIETY of New Zealand Incorporated

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION FORM AND RETURN VIA:

**Post to:** PSNZ Inc, PO Box 11640, Manners Street, Wellington 6142

**or Email to:** p.society@psnz.org.nz

**Enquiries:** 04 802 0030

## 01. YOUR DETAILS

Please complete the following information.

<b>Title</b> (Mr, Mrs, Dr etc)	
<b>Surname</b>	
<b>First Names</b>	
<b>Preferred Name</b>	
<b>Pharmacy Council Number</b>	
<b>PSNZ Number</b> (if known)	
<b>Preferred Mailing Address Details</b>	Street: ..... Suburb: ..... City & Postcode: .....
<b>OR Pharmacy Name</b> (if applicable):	.....
PO Box / Street & Suburb:	.....
City & Postcode:	.....
<b>Work Phone</b>	
<b>Work Fax</b>	
<b>Home Phone</b>	
<b>Mobile</b>	
<b>E-mail</b> (preferred)	
<b>Date of Birth</b>	
<b>Gender</b>	Male      Female
<b>Place of Employment</b> (Pharmacy name or company)	
<b>Pharmacy Qualifications</b>	
<b>Ethnicity*</b>	

\* This question provides statistics for research and development. You do not have to answer if you do not want to.

Please turn over to complete the final 2 sections



## 02. MEMBERSHIP PARTICULARS

### MEMBERSHIP TYPE

- Full Member** (if registered since January full year subs due)  
**\$480.00 (GST incl.)**  
 Valid for period 1 January – 31 December 2019.
- First Year Registered Pharmacist**  
 \$375.00 (GST incl.)
- Limited Member**  
 \$108.00 (GST incl.)  
 For overseas, non practising & retired pharmacists only.
- Technician Member**  
 \$98.00 (GST incl.)
- 6 Month Full Membership**  
 Valid for period 1 July – 31 December 2019  
 (for those returning to practice) \$336.00 (GST incl.)  
 (for first year registered pharmacists) \$236.00 (GST incl.)

- I would like to make a donation to the  
 NZ Pharmacy Education and Research  
 Foundation of

\$

### COMPLIMENTARY MEMBERSHIP

- Student Member**  
 Valid until 31 December 2019.
- University attending (students only):**
- Otago:  2nd Year  3rd Year  4th Year
- Auckland:  P1  P2  P3  P4

### PAYMENT METHOD

- Paid by direct credit**  
 Pay to PSNZ: ANZ acc. no. 01-0509-0001989-000  
 Include your membership no.  
 as the reference. Please send  
 your remittance back so we  
 can update your details.
- Date credited:  /  /

- Paid by credit card**  Visa  Mastercard

Card Number:

Expiry:  /

Name on card:

Signature:

For security reasons, please DO NOT email your credit card information  
 to us. Please send any credit card payments by fax or post.

## 03. TERMS AND CONDITIONS OF MEMBERSHIP

- Membership of Pharmaceutical Society of New Zealand Incorporated is subject to our terms of trade and privacy policy, available on our website at [www.psnz.org.nz](http://www.psnz.org.nz). By ticking this box you confirm that you have read and understood our terms of trade and privacy policy.
- The membership period and associated fee on this form are for the calendar year from 1 January to 31 December 2019, or in the case of a 6 month Full Membership, for the six months from 1 July to 31 December 2019, regardless of the date on which the fee is paid. Membership will not be granted to you unless and until payment is received by us from you in full.