

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.

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

* 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 2020.
- 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 2020
 (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 2020.
- 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. 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 2020, or in the case of a 6 month Full Membership, for the six months from 1 July to 31 December 2020, 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.