

# 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 Name/s</b> (legal name)	
<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

Valid for period 1 January 2021 - 31 December 2021.

- Full Member**  
\$440.00 (GST incl.)
- 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.)

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

\$

### COMPLIMENTARY MEMBERSHIP

- Student Member**  
Valid until 31 December 2021.

**University attending (students only):**

Otago:  2nd Year  3rd Year  4th Year

Auckland:  P1  P2  P3  P4

### PAYMENT METHOD

- Easysub – monthly payments of \$38.90 (for Full Members only). Just complete the online form.**

OPTION FOR FULL 12 MONTH MEMBERSHIP ONLY:  
1 JANUARY 2021 – 31 DECEMBER 2021

- Monthly amount includes a 6.1% service fee
- This payment option available only up to 14 February 2021

- 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 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 2021 to 31 December 2021, regardless of the date on which the fee is paid or a direct debit contract is entered into. Membership will not be granted to you unless and until payment is received by us from you in full, or in the case of payment by instalments, until your first instalment payment is received by us from you. In the event that you fail to make an instalment payment on the required date for payment of an instalment, we reserve the right to cancel your membership.