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 Fax to: 04 382 9297
Enquiries: 04 802 0030

01. YOUR DETAILS

Please complete the following information.

Title (Mr, Mrs, Dr etc)	
Surname	
First Names	
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	M ( ) F ( )
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

CONTINUED

02. MEMBERSHIP PARTICULARS

MEMBERSHIP TYPE
Valid for period 1 January - 31 December 2018.

- ☐ **Full Member**
  $470.00 (GST incl.)
- ☐ **First Year Registered Pharmacist**
  $367.00 (GST incl.)
- ☐ **Limited Member**
  $106.00 (GST incl.)
  For overseas, non practising & retired pharmacists only.
- ☐ **Technician Member**
  $92.00 (GST incl.)

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

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COMPLIMENTARY MEMBERSHIP

☐ **Student Member**
Valid until 31 December 2018.

University attending (students only):

Otago: ○ 2nd Year ○ 3rd Year ○ 4th Year

Auckland: ○ P1 ○ P2 ○ P3 ○ P4

PAYMENT METHOD

☐ **Easysub – monthly payments of $41.56 (for Full Members only). Just complete the enclosed form.**

OPTION FOR FULL 12 MONTH MEMBERSHIP ONLY:
1 JANUARY – 31 DECEMBER 2018

- Monthly amount includes a 6.1% service fee
- This payment option available only up to 31 March 2018

☐ **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 2018, 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.

☐ **TICK IF RECEIPT REQUIRED**