**Application for Membership**

To belong to the society, you must belong to one of the following:

|  |  |  |
| --- | --- | --- |
|[ ]  Nurse |[ ]  Health Sector Worker |[ ]  Retired nurse/midwife (over 65 years) |
|  |  |  |  |  |  |
|[ ]  Midwife |[ ]  Healthcare Assistant |[ ]  Nurse/Midwife living out of Auckland |

**Personal Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Date of birth |  |
| Surname |  |
| First name |  |
| Email address |  |
| Postal address |  |
| Telephone |  |
| Employer |  |
| Employer’s address |  |
| Are you a new member?  | Yes / No |
| Have you been a member before?  | Yes / No If yes, when/membership number? |

**Fees**

|  |  |
| --- | --- |
| Application fee *(once off joining fee)* | $50.00 |
| Annual membership fee  | $30.00 |
| Retired annual membership fee | $10.00 |

*Please email this completed application form to* *timeaway@xtra.co.nz* *along with payment to*

*12-3079-0209985-00 using your Surname as the reference.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of applicant: |  |  Date: |  |