**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*](mailto:timeaway@xtra.co.nz) *along with payment to*

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

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