



Membership Update Form

Over the past year we have completely upgraded our database and accounting system and would like to thank all our members for their patience while we have been working through the occasional hiccups in this process.

It is vitally important that we have a complete set of contact details for all our members, these are required for Indemnity Insurance purposes but also because something as simple as a change of employment or address can leave us with no way of contacting you. Some of our records have not been updated in many years and although you may not have moved house we do require an update of email addresses, phone numbers, employment and expertise information.

Please fill in the form below and post or email to the College office ASAP, address below.

Please write clearly in block letters.

Preferred Name.....

Title First Name..... Surname.....

Postal Address

City Postcode.....

Ph No. Hm (.....)..... Bus Hrs (.....).....

Cell

Email Address (Preferred email for College emails)

Alternate Email Address

Qualifications (Professional and Academic)

Employer.....

Profession

I **do / do not** wish to receive Member Email Updates.

I **do / do not** wish to be included in Discussion Group Emails

Clinical Experience / Expertise (please specify).....

Research Interests.....

Please tick.

- Workforce Development
- Leadership / Management
- Policy Development / Review
- Education
- Curriculum Development
- Portfolio Development
- Career Development
- Legal Issues
- Working with the Media
- Preparation of Submissions
- Research
- Nursing / Health Informatics
- Report Writing
- Community Involvement

Post or email to the College office - **College of Nurses**
PO Box 1258
Palmerston North 4440
Ph & Fax (06) 358 6000
Email - admin@nurse.org.nz