



Application Form

A division of -



Please write clearly

Title	
Surname *	
First Name *	

Nursing Council APC No.	
NP Title (on practicing certificate) *	
Prescribing *	Yes / No

Postal Address -

Address 1	
Address 2	
City	
Postcode	
NZ- Region *	

Email address *	
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Phone -

Cell	
Hm	
Wk	

Employer	
CNA(NZ) member	Yes / No

Signed

Date

* Items indicated with an asterisk will show on the website.

All Contact details including phone numbers are required for office use only.

College of Nurses Members receive free membership to the NPNZ

To see College membership benefits online go to www.nurse.org.nz

Non College Members - Application fee \$30 (on joining)

- NPNZ Membership fee \$150 (2011 rate)

Annual invoices are posted for membership renewal each year.

Payment details –

Cheque – please make cheques out to the College of Nurses

Online payment – please pay into the College BNZ account 02 0719 0193130 00

Date of payment/...../.....

Payment reference details must include your **“Name” and “NPNZ new”**.

Please post or email your completed form to the College office-

**NPNZ- College of Nurses
PO Box 1258
Palmerston North 4440**



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Email - admin@nurse.org.nz

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