CATEGORIES OF MEMBERSHIP

1. MEMBERS

Membership is available to all Registered Nurses

2. FELLOWS

Registered Nurses with 5 Years minimum practice experience who are able to demonstrate an exceptional contribution to nursing.

Please contact the College office for Fellowship application details.

MEMBERSHIP FEE STRUCTURE

All prices are current for 2013, for more info visit www.nurse.org.nz

Subscription Fees	Annual	Monthly	Indemnity Insurance Covered #
Member	\$460.00	\$38.50	Yes
Fellow	\$520.00	\$43.50	Yes
Discounted Member* - Part Time RN in full time study	\$340.00	\$28.50	Yes
Retired Member **	\$260.00	\$22.00	No

- Part Time employed at or under 20 hrs per week, employer verification required.
- * RN in full time study Registered Nurses returning to study, verification required from tertiary provider.
- Retired Members Members returning to work must inform the college to change membership type and reinstate your Insurance cover.
- # Indemnity Insurance cover is assured in New Zealand providing members hold a current APC and/or appropriate qualification or training for related work at the time of any claim.

Dual Professional Membership Discount- You may choose to opt out of Insurance cover if you hold another professional membership covering your Indemnity Insurance. A **\$50 discount** applies to regular Membership fees only – please contact the office if this applies to you.

MEMBERSHIP APPLICATION DETAILS Apply online - www.nurse.org.nz

	WWW.
Title:	
Given Names:	
Surname:	
Former Name:	
Practicing Certifica	ite No:
Date of Birth:	1 1
	ed on the Maori roll.
lwi:	Нари:
Postal Address:	
Suburb:	
City:	Postcode:
Email Address:	
Phone Hm: ()	
Phone Wk: ()	
Cell Ph:	
Present Position:	
Employer:	
Linpioyon	
□ Foos are to be bi	illed to my employer
Billing address (if o	
Dining address (ii c	merent to above)
City:	Postcode:
City.	rosicode.
I am applying as a me	mber in the Category of -
☐ Member	
	(working at or under 20 hrs p/w)
☐ Member- RN underta	aking full time study
☐ Member -Retired	
In order to have your app	plication for membership considered please
check that you have incl	
	uded the following:
L. L	-
	-
□ \$20 Application Pro□ Annual Membership	ocessing Fee Fee or Automatic Payments Form
□ \$20 Application Pro□ Annual Membership	ocessing Fee
□ \$20 Application Pro □ Annual Membership (download from www	Fee or Automatic Payments Form nurse.org.nz or phone (06) 358 6000)
 □ \$20 Application Pro □ Annual Membership (download from www For Insurance purposes	ocessing Fee Fee or Automatic Payments Form

Area/s of professional experience / expertise:

For the College to maintain its high level of influence we require information on the experience and expertise of our members. With this information the College, with your assistance, can better provide informed comment on a range of health and nursing issues as well as creating better services for you as a member.

If you require more room, please attach another sheet.

Resea	Research interests		
And (p	please tick)		
	Education Curriculum development Portfolio Development Career Development Legal Issues Mentoring Working with the Media Preparation of submissions Research Nursing / Health informatics		
Qualif	ications – Professional & Academic		

Please detach this section and forward to:

College of Nurses Aotearoa (NZ) Inc.

PO Box 1258
Palmerston North 4440
Email - admin@nurse.org.nz

JOINING THE COLLEGE

Benefits as a Member of the College

- Belonging to an organization which is bicultural in its structure and organisation
- Receiving \$1million p/a indemnity insurance cover (Not applicable for retired members)
- Automatic subscription & full online access to the journal Nursing Praxis in New Zealand published three times a year
- Receipt of Te Puawai, the College's professional publication published 3 times a year
- Receipt of Nursing Review & online access.
- Belonging to an organisation whose focus is on the professional issues of nursing and on the health of our communities
- Contributing to an organisation with significant influence on health policy decision making at the national level
- Involvement with a dynamic network of professional nurses committed to high standards of nursing practice
- Opportunities to contribute to relevant submissions
- Emailed weekly news bulletin (with NZ & International news items specifically selected for interests of College members) and Forum discussion groups

Additional Benefits of being a Fellow

- Recognition as a leader in your specific field of nursing
- Use of FCNA(NZ) after your name

PURPOSE OF THE COLLEGE

- 1. To promote and facilitate professional development in the area of clinical practice, nursing education, nursing research and nursing management
- 2. To identify, examine and take action on issues of significance to nursing practice and the health of the community
- 3. To monitor, comment and advise on nursing education to best support nursing practice
- 4. To participate in nursing and health policy development and decision making at local and national levels
- 5. To disseminate information on issues of significance to nurses
- 6. To initiate, promote and publish nursing and health related research
- 7. To adopt a collegial relationship with other professional bodies



College of Nurses Aotearoa (NZ) Inc PO Box 1258 Palmerston North 4440 Ph: (06) 358 6000 To apply online or for more information

visit our website

www.nurse.org.nz

College of Nurses Aotearoa (NZ) Inc.

A professional association of New Zealand nurses from all regions and specialities.



An organisation which seeks to achieve

100% access and Zero disparities
in health for all New Zealanders with a focus
on professional nursing issues.

Application for Membership and Indemnity Insurance 2014