



**Nurse Practitioners
New Zealand**

Nurse Practitioners New Zealand

A division of the College of Nurses Aotearoa (NZ) Inc

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www.nurse.org.nz/npnz

NPNZ Membership Application

College of Nurses Aotearoa (NZ) Inc members who are Nurse Practitioners receive full membership to the NPNZ division at no charge – please e-mail completed application form to the address above.

If you wish to become a member of College of Nurses Aotearoa (NZ) please apply online via <https://www.nurse.org.nz/> and also complete this form for NPNZ membership.

Non College of Nurses Aotearoa (NZ) Inc member fees:

- * NPNZ annual membership fee of \$200.00 (Invoices are e-mailed annually)
- NPNZ membership gives you free attendance to at least two NPNZ meetings per year, discount for NPNZ conference, access to online forum, links to local special interest and regional NP groups)*

Please Note: There is no professional indemnity insurance cover provided with NPNZ Membership

Please write clearly –

All contact details including e-mail and phone numbers are required for College of Nurses & NPNZ office use only

Title			
Family Name*			
First Name *			
Gender			
Date of Birth			
Ethnic Group			
Year first registered as NP (in NZ)			
APC No.			
Current Area of Practice* i.e., Primary Health Care, Emergency Care (all ages), Neonatal, Ophthalmology, Renal, Education, etc.			
Region employed in within NZ*			
Current Employer			
Currently Unemployed (Please tick)			
CNA(NZ) Member Please provide membership number	☒ Yes	Member No.	☐ No
Home Postal Address – Line 1	☐		☐
Line 2			
Town/City & Post Code			
E-mail Address			
Telephone - Cell			
- Home			
Areas of Interest i.e., research, mentoring, legal issues, education, media, policy/guideline development or review			

Demographic data is for research purposes only – NPNZs demographic data may be shared with third party researchers, i.e., NPIs undertaking primary research (questionnaires) of our members, university researchers, Nursing Council New Zealand or government agencies.

Signature of Applicant: _____

Date: _____

Payment Details:

Online payment – please pay into the College of Nurses account: 02 0719 0193130 000

Date of payment ____ / ____ / ____

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

Please email your completed form to NPNZ - address above.



NPNZ is a division of the College of Nurses Aotearoa (NZ) Inc - CNA(NZ)

College of Nurses Membership is available to all Registered Nurses and Nurse Practitioners, all information and frequently asked questions for membership can be found on the College of Nurses website www.nurse.org.nz or phone (06) 358 6000