



Application Form

Please write clearly

Title	
Surname *	
First Name *	

Nursing Council APC No.	
Scope of Practice	Nurse Practitioner
Area of Practice*	

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.

For College of Nurses Members (who are NP's) membership is free to the NPNZ division

Most NP's are also College members -

- *Already a College member, update your NP details above and send this form into the office.*
- *If you wish to join the College as a member, apply online via our website www.nurse.org.nz and send in this form to be included in NPNZ.*

**Non College Members - Application fee \$30 (on joining)
- NPNZ Annual Membership fee \$150**

(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 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, all information and frequently asked questions for membership can be found on the College website www.nurse.org.nz or phone (06) 358 6000