



# Membership Update Form

College of Nurses Aotearoa (NZ) Inc  
PO Box 1258  
Palmerston North 4440  
Phone: (06) 358 6000  
Email: member@nurse.org.nz

It is vitally important that we have complete and up to date details for all our members. These are required for Indemnity Insurance purposes. Please complete this form and return it to the College office.

Date:	APC/Reg No:	Date of Birth:
Mr/Mrs/Ms/Dr	Preferred Name:	
First Name:	Last Name:	
Postal Address:		
City:	Postcode:	
Phone (Home):	Phone (Business hours):	
Mobile:		
Email Address (for College emails):		
Alternative Email Address:		
Māori Roll: Yes      No		
Iwi:	Hapū:	

*The College website has a Forum for members discussions / questions etc within the College membership. Members can be notified by email of any new discussion topics or questions as they arise. These can also be accessed via the website at any time.*

I do                      I do not                      wish to receive Weekly News Bulletins / Member Email Updates

I do                      I do not                      wish to be notified of new College Forum Discussion Topics

Qualifications (Professional and Academic):	
Employer:	Profession:
Clinical Experience/Expertise (please specify):	
Research Interests:	

I have experience in the following areas:

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

Mentoring

**Please email or post to the College office – details above**