



**Nurse Practitioners  
New Zealand**

**Nurse Practitioners New Zealand**

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

PO Box 1258

Palmerston North 4440

+64 6 358 6000

admin@nurse.org.nz

**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 post or 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/application.html> 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 –**

Items indicated with an asterisk will show on the NPNZ page of the College of Nurses (Aotearoa) NZ website

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

<b>Title</b>				
<b>Family Name*</b>				
<b>First Name *</b>				
Gender				
Date of Birth				
Ethnic Group				
Year first registered as NP (in NZ)				
APC No.				
<b>Current Area of Practice*</b> i.e., Primary Health Care, Emergency Care (all ages), Neonatal, Ophthalmology, Renal, Education, etc.				
<b>Region employed in within NZ*</b>				
Current Employer				
Currently Unemployed (Please tick)				
CNA(NZ) Member Please provide membership number	<table border="0"> <tr> <td><b>Yes</b></td> <td>Member No.</td> <td><b>No</b></td> </tr> </table>	<b>Yes</b>	Member No.	<b>No</b>
<b>Yes</b>	Member No.	<b>No</b>		
<b>Home Postal Address – Line 1</b>				
<b>Line 2</b>				
<b>Town/City &amp; Post Code</b>				
<b>E-mail Address</b>				
<b>Telephone - Cell</b>				
<b>- Home</b>				
<b>Areas of Interest</b> 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 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 and Nurse Practitioners, all information and frequently asked questions for membership can be found on the College of Nurses website [www.nurse.org.nz](http://www.nurse.org.nz) or phone (06) 358 6000