

National Secretary Treasurer
PO Box 6047
DUNEDIN 9059



Membership Application Form

(Please Print Clearly)

Name:		
Address:		
Postal Address (if different to above)	Post Code _____	
Telephone Number:	Work:	Mobile:
Fax and mobile	Home:	Fax:
Email Address:		
Membership Type	Full / Associate / Affiliate <i>(Please circle one)</i>	
NZOHNA Group		
Qualifications: <i>(nursing and in occupational health)</i>		
Current employment:		
Hours of work per week:		
Nursing Council Registration Number		

NZOHNA uses computer systems to record membership and members' interest information. Under the Privacy Act 1993, it is necessary for you to be informed of this.

Under the Incorporated Societies Act 1908 Section 22, it is mandatory for you to supply your name and contact information.

The information you provide on your application form will only be used by the Officers of NZOHNA to enable them to conduct NZOHNA business and will not be supplied to outside bodies.

You may, at any time, request a copy of your personal membership information that NZOHNA holds, to check it is correct.

I the undersigned, hereby make application to become a member of New Zealand Occupational Nurses Association.

I agree to abide by the rules and constitution of the New Zealand Occupational Health Nurses Association.

Signed: _____

Date: _____

Please sign the completed application form and forward in hard copy to PO Box 6047 Dunedin 9059

An invoice for \$170.00 plus your group fee will be sent to your postal address upon the receipt of this signed application.

Web Download 1/4/2009