NZOHNA 2018 – 2019
CORPORATE MEMBERSHIP APPLICATION FORM

Company Name:				
Postal Address: **Post Code:**				
Contact Telephone Work:		**Mobile:**		
Contact Email Address:				
Members Names:	**Signature:**	**Nursing Council #:**	**Region:**	**Full / Affiliate***
* Please note only two named members are to be listed as Full Members, all otherws will be listed as Affiliates for voting purposes				

NZOHNA uses a computer database 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 corporate 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 a printed copy (or email) to:

NZOHNA Administrator
PO Box 3810, Richmond, Nelson 7050
Email: admin@nzohna.org.nz

An invoice for $275.00 plus $60 per named member, will be emailed upon receipt of this signed application.