



Application for NZSA Membership

To complete this form on the website go to <http://www.anaesthesiasociety.org.nz/membership/member-registration/>

CONTACT DETAILS

Tick box if you do not want your contact details to be shared on our internal membership directory

Full Name:	
Postal Address:	Post code:
Email Address:	
Mobile:	Phone:
Qualifications:	
Practice (Please tick one): Public <input type="checkbox"/> Private <input type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/>	
Trainee (Please tick current training year): BTY1 <input type="checkbox"/> BTY2 <input type="checkbox"/> ATY1 <input type="checkbox"/> ATY2 <input type="checkbox"/> ATY3 <input type="checkbox"/> PF <input type="checkbox"/>	

NOMINATION DETAILS (as required by the NZSA Constitution)

As a member of the NZSA, I nominate the above for membership.

(Print Name) _____ (Signed) _____

As a member of the NZSA, I second the above nomination.

(Print Name) _____ (Signed) _____

Current SUBSCRIPTION RATES for 2016 (Please tick one box) – Subject to change

All rates GST inclusive.

*** Anaesthesia and Intensive Care Journal subscription.**

Ordinary Membership	\$1377.00 Includes*	<input type="checkbox"/>	Trainee Membership	<input type="checkbox"/>	Magazine (✓ one)	<input type="checkbox"/>
Associate Membership	\$170.00 Excludes*	<input type="checkbox"/>	Includes* \$315.00	<input type="checkbox"/>	Email	<input type="checkbox"/>
Retired Membership	\$55.00 Excludes*	<input type="checkbox"/>	Excludes* \$0	<input type="checkbox"/>	Post	<input type="checkbox"/>

PREFERRED PAYMENT OPTIONS (Please tick one box)

By electronic transfer to: Account no. (BNZ) 02 0168-0240227-00	By cheque payable to: NZSA PO Box 10691, Wellington 6143	<input type="checkbox"/>	Credit Card: Visa/Mastercard	<input type="checkbox"/>
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CREDIT CARD DETAILS (A receipt will be issued upon confirmation of payment).

Card no.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>				Expiry date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on card:	<input type="text"/>						CVV (back of card):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>