



Application Form 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 2017 (please ✓ one box) – Subject to change

Ordinary Membership	\$1399.58 Includes*	Pro-rata rates will apply for new members joining part-way through the year
Associate Membership	\$315.00 Includes*	\$170.00 Excludes*
Trainee Membership	\$315 Includes*	\$0 Excludes*
Retired Membership	\$55.00 Excludes*	

All rates GST inclusive.

***Anaesthesia and Intensive Care Journal subscription**

NZ Anaesthesia Magazine (please ✓ one box) <i>(Magazine published by the NZSA)</i>	Via Email	Via Post
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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	Credit Card: Visa or Mastercard only
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CREDIT CARD DETAILS (A receipt will be issued upon confirmation of payment).

Card no.:																				
Signature:											Expiry date:									
Name on card:											CVV (back of card):									