

MEMBERSHIP FORM

We also have a quick online sign-up available at www.nzhpa.org/join

SECTION ONE: PERSONAL DETAILS

DATE:			
FIRST NAME:		LAST NAME:	
ADDRESS:		MAIN PHONE:	
TOWN/CITY:		MOBILE PHONE:	
POST CODE:		EMAIL:	
CURRENT WORK STATUS:	<input type="checkbox"/> Student <input type="checkbox"/> Young Health Professional <input type="checkbox"/> Mature Health Professional <input type="checkbox"/> Retired Health Professional		
WORK PLACE / PLACE OF STUDY:		FIELD OF WORK:	
MENTORSHIP PROGRAMME:	<input type="checkbox"/> Yes, I would like to get involved as a mentor <input type="checkbox"/> Yes, I would like to get involved as a mentee <input type="checkbox"/> No		

SECTION TWO: SUBSCRIPTION AND DONATION

Subscription/Donation may be paid by direct credit/internet banking:
 NZ Health Professionals Alliance Inc Westpac Bank - Karori Mall Branch
 Account: 03 1540 0523325 00

Or alternatively by cheque to:
 NZ Health Professionals Alliance

SUBSCRIPTION: FOR THE YEAR ENDED 31 MARCH 2014	\$30.00
DONATION (OPTIONAL): FOR THE YEAR ENDED 31 MARCH 2014	

Please return to:

New Zealand Health Professionals Alliance Inc
 42 Campbell Street
 Karori
 Wellington