

Member Contact Details

* REQUIRED information

The information provided on this form will be used to maintain the ANZSVN and local chapter membership database for notification of upcoming education and discounted registration as applicable

* First Name:	
* Surname:	
* Position Title:	
* Employer:	
* Preferred Mail Address	
* State / Country	
* Preferred email:	
* Work phone:	
* Mobile:	

Remittance Advice

NEW Membership NZ \$60.00 **RENEWAL** Membership NZ \$50.00

NEW Associate Membership NZ \$40.00 **RENEWAL** Associate Membership NZ \$30.00

Membership renewal is due on 28th February annually

New members joining on or after 31st August will pay 50% of the current set fee at renewal

Payment Options

Direct Deposit

[preferred option]

Pay and post /email / fax membership form (as per below)

NZ (ANZ) Account No. 06 0705 0506204 00

Please ensure surname recorded for receipt and membership pack

Cheque / Money Order Return form via post with relevant payment

Return COMPLETED FORM via

Fax: Attention ANZSVN and fax to 08 8222 6742 or

Email: anzsvnursing@gmail.com or

Post: ANZSVN Treasurer PO Box 199, Woodville, SA 5011

If you have any questions please contact ANZSVN Treasurer at anzsvnursing@gmail.com

