



## Membership Application

Please complete and post or fax to:

Pharmacy Defence Association of New Zealand Inc.  
PO Box 11640  
Manners Street  
Wellington 6142

Phone (04) 802 0030  
0800 PDA HELP 0800 732 4357  
Fax (04) 802 8208  
email: [pda@psnz.org.nz](mailto:pda@psnz.org.nz)

### HOSPITAL ONLY PHARMACIST

Membership entitles you to assistance with professional indemnity issues arising from any disciplinary charges. Check what professional indemnity or public liability protection will be provided by your DHB.

Pharmacy Council Registration Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PSNZ Number: \_\_\_\_\_

Full Name: Mr, Mrs, Ms, \_\_\_\_\_  
Miss, Dr, etc \_\_\_\_\_

Postal Address: \_\_\_\_\_

Your District Health Board: \_\_\_\_\_  
(Required by the insurer)

Hospital Pharmacy of Employment: \_\_\_\_\_  
(Required by the insurer)

Email Address: \_\_\_\_\_

Telephone Number: Bus. ( ) \_\_\_\_\_ Fax Number: Bus. ( ) \_\_\_\_\_

Hm. ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

**Annual Membership fee \$100.00 including GST. The membership year is from 1 January to 31 December. A pro rata membership for six months, valid from date of receipt of application is available at \$60.00 incl GST. Please pay directly into the Pharmacy Defence Association account; ANZ, Manners Street Wellington, account number 010509 0206255 00, please use your PSNZ number as a reference Or attach a cheque made payable to the "Pharmacy Defence Association of NZ Inc." Or enter your credit card details here:**

Date Direct Credited

\_\_\_\_/\_\_\_\_/\_\_\_\_

Please charge my Mastercard  Visa

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Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### TO BE COMPLETED WITH ALL APPLICATIONS

Please accept this as my application to join the Pharmacy Defence Association. I agree to be bound by the Rules of Membership (obtainable on application).

Signature \_\_\_\_\_ Date \_\_\_\_\_

In order to meet the requirements of the Association's insurer, all Pharmacy Defence Association members and first time applicants, **must** complete the declaration form accompanying this application.