# 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

## PROPRIETOR / MANAGER PHARMACIST

A proprietor /manager membership provides PDA protection for the named pharmacist and all the non-pharmacist staff at the pharmacy named on the application form. Each pharmacy requires **ONE** nominated proprietor/manager member. Other pharmacists are required to complete the non-proprietor application form.

Pharmacy Council Registration Number: _____ Date of Birth: _____

PSNZ Number: _____

Full Name: Mr, Mrs, Ms, Miss, Dr, etc _____

Name of Pharmacy: _____

Pharmacy Street Address: _____

Preferred Postal Address: _____
(if different from above)

Email Address: _____

Telephone Number: Bus. ( ) _____ Fax Number: Bus. ( ) _____

Hm. ( ) _____ Mobile: _____

**Annual Membership fee $240.00 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 $160.00 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.