

# NEW MEMBERS APPLICATION FORM



## Welcome to the College of Emergency Nurses New Zealand - NZNO

The College of Emergency Nurses New Zealand (NZNO) is part of the professional arm of NZNO, formed especially for Emergency Nurses by Emergency Nurses. CENNZ-NZNO aims to promote excellence in emergency nursing within Aotearoa/New Zealand through the development of frameworks for clinical practice, education and research. As a member you are invited to contribute to the professional development of emergency nursing.

Membership to the college is divided into two streams, Full members and Associate members, as per rules determined by the NZNO. Applications for membership are sent to the NZNO Head Office and then forwarded to the college secretary.

### Full Member

- Financial member of NZNO
- Qualified nurse, that identifies with emergency nursing
- Payment of \$25 annual levy to CENNZ-NZNO to receive the college Journal three times per year (Emergency Nurse New Zealand Journal). This amount is reviewed annually by the committee.
- Able to apply for CENNZ scholarships/financial rewards
- May hold office
- Have voting rights and may propose nominations of motions
- Are eligible for financial support administered by CENNZ-NZNO

### Associate Member

- Qualified nurse who is a financial member of NZNO who is interested in emergency nursing but not necessarily in practice
- Allied health professionals who are not financial members of NZNO.
- Members of consumer groups who have an interest in emergency care, who are not eligible for NZNO membership
- Associate members do not pay any levy and do not receive a journal.
- Associate members may not hold office and have no voting rights or eligibility for financial assistance from the college

**SHOULD YOU WISH TO JOIN THE CENNZ-NZNO  
PLEASE FILL IN THE APPLICATION FORM ON PAGE TWO AND  
RETURN THIS PAGE TO THE ADDRESS PROVIDED.**

PRIVACY: This information will be used for purposes of NZNO and the New Zealand College of Emergency Nurses only. Lists will not be released to other individuals or organisations and the information supplied will remain confidential to the New Zealand College of Emergency Nurses, NZNO.

**FULL MEMBER/ASSOCIATE MEMBER**  
(PLEASE CIRCLE APPROPRIATE MEMBERSHIP)

<b>Personal Details</b>	
<b>Date:</b>	
Surname:	
First Name:	
<b>Postal address</b>	
Street name and Number:	
Suburb:	
Town/City:	
Post code: (required)	
Telephone:	
Email address:	
<b>Workplace Details</b>	
Employer	
Work Phone	
Email address	
<b>Nursing details (required)</b>	
NZNO membership no.	
<b>Payment details : \$25 for Full Members only for magazine Levy</b>	
<i>Cheque number</i>	<i>Bank</i>
<i>Credit card details</i> Visa (no other credit card accepted)	
Amount (please inc \$5 bank charge) _____	
Cardholder name _____ Expiry date _____	
Credit card number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Signature _____	

Please send this form with your payment to **CENNZ-nzno Membership**  
**PO Box 2128 Wellington**

Please be aware that it can take up to 4-5 weeks to process membership forms. Full members will receive a receipt and Membership card to confirm this has been actioned.