



**Membership Form for  
Associate Membership  
April 2010 – March 2011**

**Associate membership is available for non-practicing Anaesthetic Technicians and other parties who have an interest in the profession.**

**Please complete using block capitals and ensure all fields are completed in full.**

Completed forms are to be sent to:

Registrar, NZATS Inc. P.O.Box 10691, The Terrace, Wellington, New Zealand

**2010 – 2011 Membership Fee: NZ\$50.00**

Direct bank credit (Internet Banking)

Account Name: NZATS INC

Account Number: 03 0762 0649992 00

Personal Cheque – made payable to NZATS Inc

Bank Cheque / Bank Draft

Postal Order / Money Order from Post Shop

Cash (Sent via registered post)

Credit Card

<b>Family Name</b>						
<b>First Names</b>						
<b>Home Address</b>						
<b>Home Phone</b>						
<b>Cell Phone</b>						
<b>E-Mail</b>						
<b>Work Address</b>						
<b>Work Ph &amp; Fax</b>						
<b>Work E-Mail</b>						
<b>Newsletter delivery (Tick One)</b>	<b>Post</b>	<input type="checkbox"/>	<b>E-Mail</b>	<input type="checkbox"/>	<b>Website</b>	<input type="checkbox"/>

<b>Ethnicity</b> (Please circle)	Maori / Pasifica European / Asian / Other	<b>Gender</b> (Please circle)	<b>Male Female</b>
<b>Age (years)</b>		<b>Are you registered disabled?</b>	<b>Yes No</b>

<b>Signature</b>		<b>Date</b>	
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Tick this box if you do NOT wish to receive additional NZATS information.

AMRF2

**NZATS REGISTRAR USE ONLY**

Date received		Registration Number	
Receipt		Card Ordered	
Database		Card Sent	
Hard Copy		Website	