

ENROLLED NURSE SECTION NZNO APPLICATION FOR MEMBERSHIP FORM

- Full Member A qualified Enrolled Nurse who is a financial member Of NZNO, or a student Enrolled Nurse
- Associate Member Qualified Enrolled Nurses not necessarily in practice, But who are financial members of NZNO.

Name:

Postal Address:

Postcode:

Phone: Mobile:

Email:

Ethnicity:

Speciality/Work Area:

Current Nursing Position:

Nurse Qualification:

Your NZNO Membership Number:

Please post or email completed form to:

Enrolled Nurse Section
NZNO
P O Box 2128
Wellington 6140

Email: enrolled@nzno.org.nz

Retired Enrolled Nurse Membership is available on application to the National Enrolled Nurse Section, from Enrolled Nurses who have retired permanently from nursing and any other employment position.

The Privacy act requires you to be made aware that the information collected on this form is required for administration use and analysis by the National Enrolled Nurse Section. You have the right to access and correct this information by contacting the address above as listed.

Office Use

Membership List update:	YES
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