



## PACIFIC NURSING SECTION NZNO APPLICATION FOR MEMBERSHIP FORM

Full Member  A financial member of NZNO identifying as Pacific.

**Ethnicity:** (Please tick)    Cook Island Maori     Fijian     Niuean   
 Samoan     Tokelau     Tongan     Tuvalu   
 Other Pacific: \_\_\_\_\_

Name: .....

Postal Address: .....

.....

Phone: ..... Fax: .....

Email: .....

Work Address: .....

.....

Employer: .....

Base Locality: .....

Current Position: .....

Phone: ..... Fax: .....

Email: .....

Your NZNO Membership Number: .....

And return to:            Pacific Nursing Section  
                                   NZNO  
                                   PO Box 2128  
                                   Wellington 6140

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