



*Hongihongi te rangi hou'
'Smell the fresh air'*

COLLEGE OF RESPIRATORY NURSES

Name: _____
(Please print clearly)

Designation: _____

Home Address: _____

Home Phone No: _____ Mobile Phone: _____

Work Address: _____

Email Address: _____

Work Phone No: _____

NZNO Membership No: _____

Please Post to: Diana Geerling
Administrator, College of Respiratory Nurses
NZ Nurses Organisation
National Office
PO Box 2128
Wellington 6140