



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

COLLEGE OF RESPIRATORY NURSES MEMBERSHIP APPLICATION FORM

Name: _____
(Please print clearly)

Designation: _____

Home Address: _____

Home Phone No: _____ Mobile Phone: _____

Work Address: _____

Email Address: _____

Work Phone No: _____ NZNO Membership Number: _____

The information collected on this College/ Section (C&S) membership form is used by NZNO in its membership systems, and to establish your membership for the purposes of the 2000 Employment Relations Act.

The information requested on this form may also be used by NZNO for:

- The operation, maintenance, administration and support of C&S activities.
- Statistical and reporting purposes relating to that C&S.
- Mailing list information may be passed onto C&S committee members who provide newsletters and other updates to such members.

This statement does not replace, and should be read in conjunction with, the privacy statements on the NZNO membership form.

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