



**Membership form for Qualified Anaesthetic Technicians
April 2012 – March 2013**

Please send completed forms to:
Registrar, NZATS Inc, P.O. Box 10691, The Terrace, Wellington, New Zealand.

Qualified Membership Fees per annum: \$100.00

PAYMENT MADE BY (Please Tick)

- Direct Bank Credit** (Internet Banking)
Account Name: NZATS INC
Account Number: 03 0726 0649992 00
- Credit Card**

- Payment Date _____
- Personal Cheque** – Made Payable to NZATS Inc
 - Bank Cheque / Bank Draft**
 - Postal Order / Money Order** from Postshop

Please complete using BLOCK Letters and ensure all fields are completed in full.

Family Name			
First Names			
Home Address			
	Postcode		
Home Phone		Cell phone	
Email Address			
Work Address			
Work Phone			
Work Email			
NZATS Number		MSCNZ Number	
Signature <small>Only applicable if sent by post</small>		Date	

NZATS Registrar use only

Date Received		Membership Number	
Receipt		Database	
Hard Copy		Website	
Card Ordered		Card Sent	