



**Registration Form for
Trainee Anaesthetic Technicians
April 2010 – March 2011**

Please complete using block capitals and ensure all fields are completed in full.

Completed forms are to be sent to:

Registrar, NZATS Inc. P.O.Box 10691, The Terrace, Wellington, New Zealand

2010 – 2011 Registration Fee: NZ\$100.00
 Direct bank credit (Internet Banking)
 Account Name: NZATS INC
 Account Number: 03 0726 0649992 00

Personal Cheque – made payable to NZATS Inc
 Bank Cheque / Bank Draft
 Postal Order / Money Order from Post Shop
 Cash (Sent via registered post)
 Credit Card

Family Name							
First Names							
Home Address							
Home Phone							
Cell Phone							
E-Mail							
Work Address							
Work Ph & Fax							
Work E-Mail							
Clinical Hours per Week							
Registration Number							
Training Start Date	Year of Training						
Newsletter delivery (Tick One)	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Post</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">E-Mail</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Website</td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	Post	<input type="checkbox"/>	E-Mail	<input type="checkbox"/>	Website	<input type="checkbox"/>
Post	<input type="checkbox"/>	E-Mail	<input type="checkbox"/>	Website	<input type="checkbox"/>		

Ethnicity (Please circle)	Maori / Pasifica European / Asian / Other	Gender (Please circle)	Male Female
Age (years)		Are you registered disabled?	Yes No

NZATS members are required to comply with clinical hour requirement. Please ensure this is a signed declaration.

Signature		Date	
------------------	--	-------------	--

Tick this box if you do NOT wish to receive additional NZATS information.

TRF2

NZATS REGISTRAR USE ONLY

Date received		Registration Number	
Receipt		Card Ordered	
Database		Card Sent	
Hard Copy		Website	