



**New Zealand Dermatology Nurses Society Incorporated  
(NZDNS)**

**Incorporation No: 2387608**

**Charity No: CC44025**

**<http://www.nzdermatologynurses.org>**

**Application for membership renewal: 1 October – 30 September**

I ..... hereby agree to continue my membership of the above incorporated society and to be bound by the rules of the society for the time being in force.

**Address:**.....  
.....

**Phone number: home**..... **mobile**.....

**Work**..... **Email:** \_\_\_\_\_

**Signature**.....

**Date**.....

**Full member** (Voting rights): **Registered Nurse** **Enrolled Nurse** **Fee \$30**  
(please circle)

**Associate member** (non-voting rights): **Registered Nurse** **Enrolled Nurse** **Fee \$25**  
(please circle)

**Other (please specify)**.....

Individual active in health care of the dermatology patient, who is not a registered or enrolled nurse.  
A registered or enrolled nurse who is not resident in New Zealand.

**Payment options:**

(please circle payment option)

**Cheque:** made out to New Zealand Dermatology Nurses Society Incorporated

**Direct Bank Deposit:**

(please include name as reference on bank transfer)

**Account Name:** New Zealand Dermatology Nurses Society Incorporated

**Bank Name:** Bank of New Zealand (BNZ)

**Account:** 020800 0818185 00

**Please return form with payment option to:**

**New Zealand Dermatology Nurses Society Incorporated  
C/o Carly Scapens  
Skin Centre 171 Cameron Road  
Tauranga 3110,  
New Zealand**

Registration is not confirmed until payment is received

From time to time we may co-operate with other organisations to send you information about issues relating to dermatological nursing.

Your name and details will be added to the NZDNS members directory