

Annual Membership Form

Please complete your details fully

Surname: _____ First Names: _____

Preferred name: _____ Date of Birth: _____ Gender: Female Male

Postal Address: _____

Town/City _____ Post Code: _____ Country: _____

Phone Home: (0) _____ Fax: (0) _____ Work: (0) _____ (ext) _____

Mobile: _____ Pager: _____

Email: _____ Place of Work/study: _____

Work location: Remote Rural Rural Semi Rural Urban

Primary Work Location: Remote Rural Rural Semi Rural Urban

Hours of work (all members): > 37 hrs (full time) 20-36 hrs 0-20 hrs Casual

Employment type: Core midwife Caseloading midwife Midwifery Educator Midwifery Manager Professional Advice/policy

If self employed what is your main work activity: Full LMC Care Labour and Birth only Antenatal only
 Postnatal only Antenatal and Postnatal only Other (please specify) _____

Ethnicity: NZ/European/Pakeha Maori Pacific Other (please specify) _____

Tick if you are you a member of: MERAS MMPO NZNO Nga Maia

Privacy Statement: Information collected on this form will be used by the NZ College of Midwives (Inc) to administer your membership, and to communicate with you and to target professional development initiatives. Under the Privacy Act you have the right of access to, and correction of, any information about you held by NZ College of Midwives (Inc).

Signature Date/...../.....

I agree to my name and address being available to organisations as approved by the NZCOM? Yes No

Type of Membership

If you are a:

Registered midwife/student midwife

Self employed

Self employed (25% reduction)**

Employed under MECA

Employed under MECA (25% reduction)**

First Year Student (in 3 year BM course)

Student (2nd 3rd yr in BM)

Unwaged / Non Practicing

Overseas (any midwife who resides overseas)

If you are not a midwife and belong to another health profession eg. RN or CBE:

Associate with Indemnity

Associate with Indemnity (with a 25% reduction)**

Associate without Indemnity

Affiliate (eg Parent Centre, Homebirth Assn.)

Consumer-Individual

Publications for non-individuals (eg education institutions)

Journal

Prices Include GST

Annual sub

\$695.00

\$521.25

\$345.00

\$258.75

\$ 54.00

\$ 90.00

\$ 54.00

\$ 65.00

Fortnightly payment*

\$26.75

\$20.05

\$13.25

\$ 9.95

\$ 54.00

\$ 90.00

\$ 54.00

\$ 65.00

Monthly payment*

\$57.90

\$43.45

\$28.75

\$21.60

\$ 4.50

\$ 7.50

\$ 4.50

\$ NZ65.00 (overseas)

* If you choose to pay by automatic payment, this needs to be organised by you.

** If total gross earnings for your last financial year (for April – March) were under \$25,000 you may be eligible for a 25% reduction in your subscription fees. You must first contact the Membership Clerk to see if this is available to you. This needs to be reviewed annually upon renewal of your membership to the NZCOM. A copy of your earnings for the last financial year will be required for our records.

*** If you join the College as an Unwaged member and begin (self) employment during your membership year, you MUST inform the College or you could risk having no Indemnity Insurance.

Method of Payment

Cheque enclosed for full amount

Automatic payment from bank payment organised to start from _____

Deduction from salary - Your Pay Office has been notified and payments are to start from _____

Credit Card

Visa

MasterCard

Amount to pay \$ _____ Card No. _____ Expiry Date _____

Cardholder's Name _____ Cardholder's Signature _____ Date _____

Internet Banking - Please use your name as a reference on your payment

Please arrange for payment to be credited to:

NZ College of Midwives (Inc) – Bank: ASB, Branch: Armagh Street, Account No: 12-3191-0008921-01

I require a receipt for last year's subs.

* Fortnightly or monthly payments are only available for automatic payments or salary deductions.