

MEMBERSHIP APPLICATION FORM
Ngā Kaitiaki o Te Puna Rongoā o Aotearoa – The Māori Pharmacists' Association

Title		Sex	
Surname		Date of Birth	
First Name(s)		Preferred Name	
Mailing Address			
Home Phone		Mobile Phone	
Email Address		Work Phone	
Workplace and Address (Optional)			
Professional Status <small>(please circle)</small>	Pharmacist, retired, student, technician, assistant, other:	Date of Qualification	
Type of Membership <small>(Please tick one)</small>	Ordinary Member (with Māori whakapapa) <input type="checkbox"/>	Associate Member (with commitment to support Māori) <input type="checkbox"/>	Affiliate Member <input type="checkbox"/>
Please tick this box if you wish to receive any information bulletins from the Association			<input type="checkbox"/>
Please tick this box if you wish to make your contact details available to other members			<input type="checkbox"/>

Definitions of Membership from the constitution - in plain terms:

Ordinary Members require a Māori whakapapa **AND** to be either a registered pharmacist, a pre-registrant, or a student enrolled in a course leading to a qualification as a pharmacist.

Associate Memberships are for those individuals who either don't have a Māori whakapapa and/or don't qualify by virtue of their specific career training, yet wish to support the aims and objectives of the Association.

Affiliate Membership is for those groups or organisations who wish to work with the Association towards achieving our stated aims and objectives. We see this as a mutual relationship.

Annual Membership Fees

Fees for Ordinary Members - By way of a koha

Koha - Those who qualify for Ordinary Membership, and wish to apply, may choose the amount of the offering they wish to make by way of their annual fee. As a guideline, the executive committee would prefer it to be of the folding variety but the purpose of the fee for Ordinary Members is simply to cover administration costs. Your individual koha is therefore a matter of how much you deem to be appropriate.

Fees for Associate Members - \$20

Fees for Affiliate Members- By negotiation

Method of Payment By cheque payable to Māori Pharmacists' Association.

Please return this application with your payment, and a completed survey form as attached to

Māori Pharmacists' Association, P O Box 1533, Taupo 3351

Enquiries, via our web-site to: www.mpa.maori.nz

The Māori Pharmacists' Association is required to collect this information from you for the purposes of granting you Membership of the Association. This will also assist the Association in facilitating contact between members. This information shall be held by the Secretary of the Association, P O Box 1533 Taupo, 3351. The Association shall not use or disclose any personal information except with the express written permission of the applicant and in accordance with the Privacy Act 1993. No information shall be passed on by the Association to any body(ies) that in any way identifies an individual although collective information on the Association as a whole may be provided by the Association, if the Executive Committee deems it appropriate. The same privacy standards shall specifically apply to the detailed whakapapa data that some members complete upon application to the Association, in recognition of the tapu connected with a person's genealogy.

Under the Privacy Act 1993, you have the right to access or correct any personal information that we hold about you. By signing this form you acknowledge that you have read and understood this privacy statement and your rights contained within it.

Signature.....

Date.....

