



PAANZ

The Physiotherapy Acupuncture
Association of New Zealand Inc.

A Special Interest Group of Physiotherapy New Zealand (PNZ)
Level 5, 195-201 Willis Street
PO Box 27-386
Wellington

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Fax: 04 801 5571
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PAANZ Membership Application

PAANZ Membership is open to members of Physiotherapy New Zealand

First name: _____ Last Name: _____

Postal address: _____

Home Telephone: _____ Mobile: _____

Home Email: _____

Practice/Work Address:

Name of Practice: _____

Address: _____

City: _____

Daytime Telephone: _____ Daytime Fax: _____

Email Address: _____

If you are a **new member**, or a **previous member rejoining** PAANZ you should complete the following details, so that a database record can be set up for hours/points to be credited towards the PAANZ Register of Physiotherapy Acupuncturists.

Acupuncture Training:

BASIC acupuncture training: _____ Year attended: _____

Name of Acupuncture Education Provider: _____

Theory and Practical Examinations completed: Year: _____ Surname, if different from above: _____

Post basic training: _____ Year attended: _____

_____ Year attended: _____

_____ Year attended: _____

_____ Year attended: _____

Total number of hours of Acupuncture Education Training: _____

Payment: Membership Subscription Rates are \$105.00 inc GST per annum, due on 1 April 2012.

Subscription covers the year 1 April 2012 to 31 March 2013

(For new Members joining between 1 January 2012 and 1 April 2012 - this period is complimentary)

I enclose payment of \$105.00

Cheque

Internet Direct Payment

BNZ: 02 0912 0204305 00

I am a financial member of PNZ

Signed: _____

Date: _____