

**New Zealand - China Medical and Pharmaceutical Association
(NZCMPA)**
Membership Application

WWW.NZCMPA.ORG.NZ

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Email: info@nzcmpa.org.nz

PO Box: P O BOX 335 WHANGAPARAOA NEW ZEALAND

Address: 164 Harbour Village Drive, Gulf Harbour, Auckland. New Zealand.

Name: _____ **Chinese Characters** _____

Gender: Male Female

Date of birth ____/____/____

CONTACT DETAILS	
Home Address: Phone: Fax:	Business Name and Address: Phone: Fax:

Email:	Others:
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Education and Career Background:

Nominated by 2 current NZCMPA members :

1.Name _____

Signature _____ Membership No. _____

2.Name _____

Signature _____ Membership No. _____

I hereby apply to become an Ordinary member of the New Zealand -
China Medical and Pharmaceutical Association and I agree to abide by
the rules and regulations of the Association.

Signature _____

Date _____

*Please return form to NZCMPA by Email, Fax, or PO BOX.
Thank you.*

