

# Pinnacle Incorporated membership

## Change of circumstances forms

Please complete the below information and return to Libby Harper, Practice Support Administrator  
[libby.harper@pinnacle.health.nz](mailto:libby.harper@pinnacle.health.nz).

Surname \_\_\_\_\_

First name/s \_\_\_\_\_

MCNZ number \_\_\_\_\_ HPI number \_\_\_\_\_

Gender  Male  Female  Gender diverse

DOB \_\_\_\_\_ Ethnicity \_\_\_\_\_

## Retaining membership

Will you be working for another Pinnacle network practice and retaining membership?  Yes  No

Practice moving to \_\_\_\_\_

New email address \_\_\_\_\_

Starting date \_\_\_\_\_ FTE/Hours \_\_\_\_\_

Role:  Owner/Director  Permanent employee  Contractor  Long-term locum

## Resigning membership

Please state the reason you wish to resign Pinnacle Incorporated membership

Ceasing work  Moving overseas  Changing to short-term locum  Moving to a non-Pinnacle practice

Other (please state) \_\_\_\_\_

Practitioner signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please check with the practice manager that all claims are submitted to Pinnacle Midlands Health Network within one month of your final work day.*

