

## Application for NZAS Associate Membership

Thank you for applying for Associate Membership of the New Zealand Audiological Society.

The Executive Council, in its absolute discretion, may consider an application from an applicant who wishes to be an Associate of the Society.

The requirement that an applicant shall have attained an appropriate degree in Audiology may be waived if the Executive Council considers that the applicant:

- (a) holds at least a Masters degree or its equivalent in a field relevant to Audiology, and
- (b) has made a significant contribution to the field of Audiology in New Zealand, and
- (c) is worthy of being an Associate of the Society, and
- (d) is likely to enhance the attainment of the purposes of the Society.

Applicants applying to be Associates of the Society must provide written evidence of active research, interest or performance in a field related to hearing, hearing science or audiology.

Four (4) Full Members of the Society, who are not members of Executive Council, must attest to the applicant's academic qualifications and suitability as an Associate. If English is the applicant's second language the members should attest that the applicant can comprehend and communicate effectively in English.

Applicants as an Associate must pay an application fee and an annual subscription fee.

An application as an Associate will not be accepted from a person practising clinical audiology.

No Associate of the Society may describe his/herself as 'MNZAS'.

All Members including Associate Members of the Society shall be entitled to:

- (a) receive notices of General Meetings of the Society,
- (b) attend General Meetings of the Society, and
- (c) enjoy privileges as the Executive Council may from time to time determine, such as receiving the Weekly Noticeboard, Bulletin online publication, and member rates to attend the NZAS conference.

Associate Members are not eligible to vote.

Please complete everything from the checklists provided when you submit your application.

1. Education Information including Country of Qualification
2. Evidence of contribution to the field of Audiology in New Zealand
3. Personal information
4. NZAS Code of Ethics Agreement
5. Application and membership fees
6. Nomination for Associate NZAS membership
7. Supporting Documentation

Please note this application is for Associate Membership status only.

## 1. EDUCATION INFORMATION INCLUDING COUNTRY OF QUALIFICATION

Please list your qualifications (relevant to audiology):

<b>Degree or Diploma</b>	<b>University</b>	<b>Country of Origin</b>	<b>Dates Studied</b>

## 2. EVIDENCE OF CONTRIBUTION TO THE FIELD OF AUDIOLOGY IN NEW ZEALAND

Please describe your work in the field:

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### 3. PERSONAL INFORMATION

Full name: \_\_\_\_\_

Workplace: \_\_\_\_\_

Work address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email (work): \_\_\_\_\_ (home): \_\_\_\_\_

*NOTE: as the NZAS communicates with members via email, it is vital that you update your contact email address on the NZAS website should it change.*

## 4. NZAS CODE OF ETHICS AGREEMENT

I, \_\_\_\_\_  
(please print full name)

of \_\_\_\_\_  
(please print home address)

agree to the following terms:

- i. I agree to abide by the NZAS Code of Ethics (located on the NZAS website).
- ii. I acknowledge that the NZAS may take disciplinary action against me if I breach the Code of Ethics.
- iii. I understand that the NZAS is required to implement a complaints handling procedure in accordance with the principles of natural justice in the event of an allegation against me.
- iv. I acknowledge that disciplinary action against me for a proven or established breach may include revocation of my membership to the NZAS depending on the seriousness of the breach.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Please also answer the following:**

Are you currently/have you been a member of an audiological professional organisation  
(e.g. AAA, BAA, ASHA, ASA, ANZAI)? **YES / NO**

If so which organisation/s and approximate dates of membership?

\_\_\_\_\_  
\_\_\_\_\_

Do you hold a current Annual Practising Certificate? **YES / NO**

Have you ever been the subject of a complaint to any audiological professional body or general health  
regulatory body? **YES / NO**

If so, to whom was complaint made and when?

\_\_\_\_\_

What were the grounds stated within the complaint?

\_\_\_\_\_  
\_\_\_\_\_

Please give details of outcome (e.g. complaint was dismissed or upheld) and any censure actions taken against you (e.g. suspension, financial penalty or membership struck off).

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*Please note that NZAS may approach universities, past employers and other audiological agencies when deciding upon membership applications.*

## 5. APPLICATION AND MEMBERSHIP FEES

### Application fee

The current application fee is \$110.00 incl GST which must be paid prior to your application being processed. You can make payment via online banking or request an invoice.

The NZAS account number is 02 0280 0149095 00. Please use your full name as the reference. On receipt of the application and the fee the NZAS Administration team will send you an invoice and receipt via email. Please note this application fee is non-refundable.

Please also indicate the date and which method you have used to pay your application fee below:

Online banking                      Date Paid:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Invoice requested                      Made out to: \_\_\_\_\_

Becoming an Associate Member of the NZAS is subject to a membership fee. Information about this fee is noted below. The application fee is only to enable us to process your application.

### Associate Membership Fee

Should your application for Associate Membership be accepted, you will be invoiced Associate Membership fees. This fee is currently \$306.00 incl GST per annum. The fee will be adjusted on a quarterly basis to reflect the number of months left in the NZAS financial year (ends 31<sup>st</sup> December).

## 6. NOMINATION FOR PROVISIONAL MEMBERSHIP

Associate Member applicants must be proposed by two (2) Full Members of the NZAS who shall have personal knowledge of the candidate and who shall be prepared to furnish information as to the candidate's qualifications, as per the NZAS Constitution (Section 3: Membership (b)). Please have the Full Members who support your application as described above sign below.

Nominated by: \_\_\_\_\_ (signature) \_\_\_\_\_ (print name)

Seconded by: \_\_\_\_\_ (signature) \_\_\_\_\_ (print name)

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** a letter of attestation is required from each of four (4) Full Members of the Society, who are not members of Executive Council, confirming your academic qualifications and suitability as an Associate. Two of these four members may also act as your Nominator and Seconder above, for the purposes of Member Notification of your Membership acceptance.



## 7. SUPPORTING DOCUMENTATION

Please check to ensure you have completed all the requirements for the application form and have the appropriate supporting documentation ready to send with your application, as well as your non-refundable application fee of \$110.00 incl GST.

Please supply the following documents:

1. DoubleCheck Assessment Report of your Education Qualification
2. **Certified** copy of your relevant qualification (diploma / degree)
3. Written evidence of active research, interest or performance in a field related to hearing, hearing science, or audiology
4. Letters of attestation from four (4) Full Members of the Society, who are not members of Executive Council, confirming your academic qualifications and suitability as an Associate.
5. **Certified** copy of your current CCC (or equivalent) if held

Occasionally we may need to discuss your Assessment report with DoubleCheck and we require your permission to do this. This could allow your application to be processed in a shorter time therefore we would appreciate it if you could sign the permission statement below:

*I give DoubleCheck permission to discuss my details and application with the New Zealand Audiological Society.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have completed all the relevant parts listed above, your application should be ready to send.

Please scan and email to the NZAS Administration team on [admin@audiology.org.nz](mailto:admin@audiology.org.nz) AND post the hard copies to NZAS, PO Box 36-067, Northcote, Auckland 0748.