



Application for NZAS Associate Membership

January 2024

Associate Membership Application Form

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

The Executive Council, in its absolute discretion, may consider an application for Associate membership of the Society if the applicant:

- (a) holds at least a master's degree or its equivalent in a field relevant to Audiology, and
- (b) is contributing to the field of Audiology in New Zealand, and
- (c) is likely to enhance the Society's ability to fulfil its purposes, and
- (d) is not practicing clinical audiology.

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.

Two (2) MNZAS Members of the Society, who are not members of Executive Council, must attest to the applicant's 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.

Associate Members of the Society shall be:

- (a) Deemed a member of the Society
- (b) Subject to the constitution of the Society, the NZAS Code of Ethics and member policies
- (c) Entitled to the benefits of membership of the Society such as the Bulletin, member newsletters and other communications, and member rates for the annual conference.
- (d) Be required to pay an annual subscription as determined by the Executive Council

Associate Members are not eligible to vote and may not stand for the Executive Council.

Associate Members of the Society may not use the "MNZAS" honorific.

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

1. Personal information
2. Education information including country of qualification
3. Evidence of contribution to the field of audiology in New Zealand
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.

PERSONAL INFORMATION

Full name: _____

Personal Address: _____

Current Workplace: _____

Current Work address: _____

Current Work phone: _____ Mobile: _____

Email (work): _____ (personal): _____

Preferred email: Work / Private (delete one)

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. The NZAS recommends that your personal email be used as your primary contact.

EDUCATION INFORMATION INCLUDING COUNTRY OF QUALIFICATION

Please list your qualifications (relevant to audiology). Please attach a certified copy¹ of your audiology qualification(s) and academic transcripts.

Degree or Diploma	University	Country of Origin	Dates studied

¹ When a certified copy of a document is required, the document must be a photocopy of the original document which has then been stamped or endorsed by a person who confirms that the copy is a true copy of the original document. The person certifying your documents (the “certifying officer”) must be authorised by the law where you live to administer an oath for a judicial proceeding.

EVIDENCE OF CONTRIBUTION TO THE FIELD OF AUDIOLOGY IN NEW ZEALAND

Please describe your work in the field:

NZAS CODE OF ETHICS AGREEMENT

The applicant applying to be a NZAS Associate member needs to acknowledge each statement below and indicate agreement in the check box (*please tick to indicate that you have read and agree to each of the following*):

I, _____ (please print full name)

of _____ (please print address)

	I agree
I will pay my annual NZAS subscription fee	
I have read and understood the criteria of an Associate Member and believe that I fulfil these criteria.	
I have read and understood the requirements and entitlements of an Associate Member and agree to adhere to these specifications.	
I agree that I have read and will abide by the NZAS Code of Ethics, NZAS Constitution and member policies, and will comply with the NZAS Complaints Process	
I acknowledge that the NZAS may take disciplinary action against me if I breach the Code of Ethics.	

Signature: _____ Email: _____ Date: _____

PROFESSIONAL EXPERIENCE & VERIFICATION CHECKS

Are you currently/have you been a member of an audiological professional organisation?
(e.g. AAA, BAA, ASHA, ASA, ANZAI)

YES / NO

Please list all regulatory or professional bodies with which you have been registered or, of which you have been a member:

Name of organisation	Registration Number	Date registered to/from	Organisation's Contact Email	Organisation's Website

Do you have a currently valid Certificate of Clinical Competence or licence to practise Audiology?

YES / NO

If so, from which country and organisation? _____

What date did you obtain the Certificate of Clinical Competence or licence to practise? _____

Please provide a **certified copy of your Certificate of Clinical Competence or licence to practise.**

Have you ever been convicted of a criminal offence, or an offence related to the practice of audiology?

YES / NO

Have you been the subject of a finding of professional misconduct, incompetence or incapacity by your university, professional/regulatory body or employer?

YES / NO

Have you ever been disciplined or sanctioned, or are there any disciplinary proceedings pending against you before any university, professional/regulatory body or employer?

YES / NO

If you answered yes to any of the above, please provide details. Include the nature of the offence; the date of the offence; the nature of any penalties or rehabilitation requirements imposed; and any other relevant factors you would like the NZAS to consider. NOTE: A criminal conviction, disciplinary action or sanction will not automatically preclude membership. The NZAS will consider all relevant factors.

Have you ever been the **subject of a complaint** to any university, professional/regulatory body or employer? **YES / NO**

If so, to whom was the complaint made and when?

What were the grounds stated within the complaint?

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

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

APPLICATION & MEMBERSHIP FEES

Application fee

The current application fee applies and must be paid prior to your application being processed. See the NZAS website for the full [Fees List](#).

You can make payment via online banking. 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)
- Please invoice my employer _____(company name)

Associate Membership Fee

Becoming an Associate Member of the NZAS is subject to a [membership fee](#). The application fee is only to enable us to process your application.

Should your application for Associate Membership be accepted, you will be invoiced Associate Membership fees. For details about the current Associate Membership fee please contact admin@audiology.org.nz. The fee will be adjusted on a quarterly basis to reflect the number of months left in the NZAS financial year (ends 31st December).

NOMINATION FOR ASSOCIATE MEMBERSHIP

Associate Member applications require **a letter or email of attestation** from two (2) MNZAS members of the Society, who are not members of Executive Council, who have personal knowledge of the candidate and can attest to their suitability as an Associate.

Please have the two (2) MNZAS members who support your application as described above sign below and nominate you for Associate membership.

Nominated by: _____ (signature) _____ (print name)

Seconded by: _____ (signature) _____ (print name)

Applicant's signature: _____ Date: _____

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 \$113.00 (GST inc.).

Please supply the following documents:

1. **Certified**² copy of your relevant qualification (diploma / degree)
2. Written evidence of active research, interest or performance in a field related to hearing, hearing science, or audiology,
3. **Certified**² copy of your current Certificate of Clinical Competence or licence to practise (or equivalent) if held.
4. Letter or email of attestation from two (2) MNZAS members of the Society, who are not members of Executive Council, confirming personal knowledge of you and your suitability as an Associate.

² When a certified copy of a document is required, the document must be a photocopy of the original document which has then been stamped or endorsed by a person who confirms that the copy is a true copy of the original document. The person certifying your documents (the "certifying officer") must be authorised by the law where you live to administer an oath for a judicial proceeding)

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 at admin@audiology.org.nz