



Application for NZAS Inactive Membership

February 2024

Inactive Membership Application Form

An Inactive Member is an Audiologist or Audiometrist member who is temporarily not practising clinical audiology or clinical audiometry in New Zealand. For the purposes of this class of membership, clinical practice is defined as any practice in a clinical, advisory, or educational capacity whereby a member is using their clinical knowledge and expertise to work with patients or advise, supervise, or educate others working directly with clients.

Inactive membership is not intended for individuals who are no longer practising directly with clients/patients but are still working in the area of audiology.

Inactive membership is intended for short term periods such as parental leave, working overseas, sabbaticals, or ill health and other such circumstances.

Requirements and Entitlements of an Inactive member:

1. Pay an annual subscription as determined by the Executive Council
2. Are subject to the constitution of the Society, the NZAS Code of Ethics and member policies.
3. Are entitled to the benefits of the Society such as receive the Bulletin, member newsletters and other communications, and member rates for the annual conference.
4. May be a member of NZAS committees, but may not stand for the Executive Council or vote for any business of the Society
5. Are not required to accrue CEP points
6. Will not receive an Annual Practising Certificate and cannot use the honorific “MNZAS” during their inactive period

Inactive Membership Fee

Becoming an Inactive Member of the NZAS is subject to a membership fee.

Should your application be accepted, you will be invoiced for Inactive Membership fees. For details about the current 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).

PERSONAL INFORMATION

Full name: _____

Personal Address: _____

Current phone: _____ Mobile: _____

Email (personal): _____

NZAS Membership Number: _____

DECLARATIONS

I, _____ (please print full name)

of _____ (please print address)

provide the following reason for seeking Inactive membership:

and agree to the following terms (*please tick to indicate that you have read and agree to each of the following*):

	I agree
I will pay my annual NZAS subscription fee	
I have read and understood the criteria of an Inactive Member and believe that I fulfil these criteria.	
I have read and understood the requirements and entitlements of an Inactive 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.	
I confirm that I have provided my contact details above and all the information is current and correct.	

Signature: _____

Date: _____