



NZAS Membership Re-activation Form

Inactive Members

January 2024

Reactivation of membership from being an Inactive Member

An Inactive member must apply to the Society to reactivate their membership.

Reactivation of membership is through nomination by a minimum of two MNZAS members and approved by the Executive Council. If an inactive member reactivates their membership during a CEP cycle, they will need to collect the equivalent of 20 points for each full calendar year their membership has been reactivated.

PERSONAL INFORMATION

Full name: _____

NZAS Membership Number: _____

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.

REQUEST FOR RE-ACTIVATION OF MEMBERSHIP

I, _____ (please print full name)

have been an Inactive member of NZAS since _____ (month and year).

I would now like to reactivate my membership as a _____ member.
(please indicate the full membership title, ie. Audiometrist MNZAS)

I have completed a peer review in line with the NZAS CEP Scheme Policy and Procedures, and this is attached.

The following two MNZAS members support me in re-activating my membership.

Nominated by: _____

Signature: _____ Date: _____

Seconded by: _____

Signature: _____ Date: _____

ACCEPTANCE & DECLARATION

I, _____ (please print full name)

accept this nomination, and agree to the following terms (please tick to indicate that you have read and agree to each of the following):

	I agree
I have undertaken a peer review with an Audiologist MNZAS or Audiometrist MNZAS.	
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 will pay my NZAS subscription	
I will collect the equivalent of 20 CEP points for each full calendar year remaining in this current CEP cycle.	
I confirm that I have provided my contact details above, and all the contact information is current and correct.	

Signature: _____

Date: _____

Please submit the completed form to admin@audiology.org.nz