



# **NZAS Membership Re-activation Form**

**Retired Members**

**January 2024**

# Reactivation of membership from being a Retired Member

If a retired member wishes to reactivate their membership, they must apply to the Society for consideration of their request.

The Society will determine the competency requirements the retired member must fulfill to return to full membership. These may include a peer review, and/or repeating all or part of the CCC process depending on the length of time the member has been retired from the profession and clinical practice.

If a retired 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.

Please note this application has two parts: Part 1 indicates expression to reactivate membership, and Part 2 is confirmation that competency requirements have been fulfilled and the member has been nominated by two MNZAS members.

## PART 1: EXPRESSION OF INTEREST TO RE-ACTIVATE MEMBERSHIP

### PERSONAL INFORMATION

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

NZAS Membership Number: \_\_\_\_\_

Personal Address: \_\_\_\_\_

Current 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 FROM RETIRED MEMBERSHIP

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

have been a Retired member of NZAS since \_\_\_\_\_ (month and year).

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

## DECLARATION

I, \_\_\_\_\_ (please print full name)  
agree to the following terms (please tick to indicate that you have read and agree to each of the following):

	I agree
I understand that the Society will determine the competency requirements (all or part of the CCC process) to be fulfilled.	
I agree to pay a re-joining fee and any expenses arising as a result of the process to re-join NZAS, such as (but not limited to) cost of sitting the NZAS OSCE	
I confirm that I have provided my contact details above, and all the contact information is current and correct.	

Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION & MEMBERSHIP FEES

### Application fee

The current re-joining application fee after retiring is **\$113.00 incl GST** which must be paid prior to your Part 1 application being processed. 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)

## Membership Fee

Becoming a 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 Membership be accepted, you will be invoiced Membership fees. For details about the current fees please contact [admin@audiology.org.nz](mailto: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).

Please complete Part 1 and email to [admin@audiology.org.nz](mailto:admin@audiology.org.nz)

Please retain the form and complete Part 2 when appropriate.

## PART 2: CONFIRMATION OF COMPETENCY REQUIREMENTS

Completed form to be submitted to [admin@audiology.org.nz](mailto:admin@audiology.org.nz) once you have fulfilled the competency requirements set out by the Society to re-activate NZAS membership. Please check to ensure you have completed all the requirements and have the appropriate supporting documentation ready to submit with your application.

### PERSONAL INFORMATION

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

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

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

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

Email (work): \_\_\_\_\_ (personal): \_\_\_\_\_

Preferred email:            Work / Private (delete one)

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## NOMINATION FOR RE-ACTIVATION OF RETIRED MEMBERSHIP (to be submitted after completing competency requirements)

I have completed the competency requirements set out by the Society to re-join NZAS. Please see documentation attached.

The following two MNZAS members support me in re-joining NZAS as a \_\_\_\_\_ member  
(please indicate the full membership title, ie. Audiometrist MNZAS).

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 fulfilled the competency requirements specified by the Society and the evidence of this has been sighted by the nominees and provided to the NZAS admin team	
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: \_\_\_\_\_