



NZAS Membership Re-Application Form

Resigned, suspended or expelled members

January 2024

Request to re-join after resigning, suspension or expulsion

A former member (suspended, resigned, or expelled) may apply for re-entry to the Society in the manner prescribed for new applicants (or modified as may be decided by the Executive Council) and may be re-admitted by resolution of the Executive Council.

A former member wishing to re-join the Society must:

- Apply to re-join including details of their qualifications, CCC and previous work experience.
- Pay a re-joining application fee.
- At the discretion of the Executive Council, be required to repeat all, or part of, the CCC process and pay any respective costs associated with the completion of the necessary CCC requirements (such as the OSCE examination fee, if required).

If a former 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 re-join NZAS, 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-JOIN NZAS

PERSONAL INFORMATION

Full name: _____

Previous NZAS Membership Number (if known): _____

Personal 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 REACTIVATION OF RESIGNED, SUSPENDED OR CANCELLED MEMBERSHIP

I, _____ (please print full name)

ceased to be a member of NZAS _____ (month and year)

following (please tick one):

- Resignation from the NZAS, or
- Membership was suspended due to not meeting the NZAS membership requirements, or
- Expelled from the Society

I would like to re-join NZAS as a _____ member.
(please indicate the full membership title, ie. Audiometrist MNZAS)

EDUCATION INFORMATION INCLUDING COUNTRY OF QUALIFICATION

Please list your qualifications (relevant to audiology). Please attach a **certified copy**¹ of your audiology qualification(s) and academic transcripts.

Degree or Diploma	University	Country of Origin	Dates studied

PROFESSIONAL EXPERIENCE

1. Curriculum vitae (CV)

Please provide a **copy of your curriculum vitae** (CV) indicating your qualifications, work experience and recency of clinical practice.

2. Membership with an Audiology regulatory or professional body

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**¹ **copy of your Certificate of Clinical Competence or licence to practise.**

If your membership or registration with your regulatory or professional body has lapsed, please request a **letter of good standing** to be sent directly from that organisation to admin@audiology.org.nz.

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.

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

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

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 Executive Council 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 understand that making a false or misleading statement or representation in respect to my application will be considered to be in breach of the NZAS Code of Ethics and will be considered an act of professional misconduct and may lead to discipline and other proceedings	

Signature: _____ Email: _____ Date: _____

APPLICATION & MEMBERSHIP FEES

Application fee

The current re-joining application fee after resigning, suspension or expulsion is \$1,000 + 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. 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

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 once you have fulfilled the competency requirements set out by the Executive Council to re-join NZAS. 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)

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.

NOMINATION TO RE-JOIN NZAS FOLLOWING RESIGNATION, SUSPENSION OR CANCELLED MEMBERSHIP *(to be submitted after completing competency requirements)*

I have completed the competency requirements set out by the Executive Council 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 Executive Council 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: _____