



Application for NZAS Retired Membership

February 2024

Retired Membership Application Form

A Retired Member is an Audiologist MNZAS or Audiometrist MNZAS who is no longer practising clinical audiology or clinical audiometry and is retiring from the profession with no intention of practising in the future.

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.

Requirements and Entitlements of a Retired 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”

Retired Membership Fee

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

Should your application for Retired Membership be accepted, you will be invoiced for Retired 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)

ceased practicing clinical audiology / audiometry from _____ (month-year)

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 a Retired Member and believe that I fulfil these criteria.	
I have read and understood the requirements and entitlements of a Retired 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: _____