



Application for Student Membership

January 2024

Student Membership Application Form

Please ensure you complete Sections 1-6 in full to enable us to promptly process your application. Failure to complete all information may result in delays in processing this application.

Please make sure you have completed everything from the checklist provided in Section 6 when you submit application form.

Sections

1. Personal information
2. Evidence of Enrolment
3. Application and Membership Fees
4. Nomination for Student Associate Membership
5. Acceptance and Declaration
6. Checklist

Please note this application is for Student Membership status only. After obtaining your qualification/degree in audiology/audiometry you will be required to apply for provisional membership in order to obtain a NZAS CCC (Certificate of Clinical Competency) to be entitled to apply to be a MNZAS Audiologist or a MNZAS Audiometrist.

Current members of the NZAS cannot hold student membership.

You will find further information regarding the CCC on the NZAS website (www.audiology.org.nz).

1. PERSONAL INFORMATION

Full name: _____

Tertiary Institution _____

Personal Address: _____

Current phone: _____ Mobile: _____

Email (personal): _____

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.

Course Details

Please provide details of the audiology or audiometry course that you are currently enrolled in.

Degree or Diploma	
University	
Country of Origin	
Date started	

Work Experience

Please briefly describe any relevant work experience:

2. EVIDENCE OF ENROLMENT IN COURSE

Please either submit evidence of payment of course fees OR have the following declaration completed by the Head of Department or Course Coordinator:

I certify that, _____ (please print full name)

is currently enrolled as a full / part-time (circle one) student.

Name of course/degree:

Institution:

Anticipated completion date:

Name: _____ Role: _____

Signature: _____ Date: _____

3. APPLICATION & MEMBERSHIP FEES

Student membership fees have been waived for 2024.

4. NOMINATION FOR STUDENT MEMBERSHIP

Application for student membership is through nomination by two (2) MNZAS members who have personal knowledge of the student.

The following two MNZAS members support me in my application for Student Associate membership:

Nominated by: _____

Signature: _____ Date: _____

Seconded by: _____

Signature: _____ Date: _____

5. 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 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 confirm that I have provided my contact details above, and all the contact information is current and correct.	

Signature: _____ Email: _____ Date: _____

6. STUDENT MEMBERSHIP APPLICATION CHECKLIST

Please use this checklist to ensure you have completed all of the parts required in the application form.

- Personal details completed
- Attached evidence of enrolment in course in the field of Audiology/Audiometry OR declaration signed by Head of Department or Course lecturer
- Nomination for Student Associate membership signed by two MNZAS members
- Your signature agreeing to the nomination
- Declaration statements checked and signed by you

If you have completed all the relevant parts listed above, your application should be ready to send.

Please scan and email to the NZAS Administration team on admin@audiology.org.nz