



NZSTA Renewal Membership Form for 2010

for speech-language therapists who were members in 2009 and are renewing their membership
For renewing members payment is due 1st January 2010 and membership will cease if not paid by 31st January 2010

If you have received a summary of information from NZSTA you only need to complete the fields on the first page where your information has changed or as marked 'Required' but you must complete page two in full.

Required:

Name _____

Mailing Address _____

Postcode _____ Email _____

How do you want to receive *Communication Matters*, the quarterly newsletter?
 An electronic copy (pdf format) or A hard copy in the post

Membership Number (if known) _____

Telephone Numbers: (Home) _____ (Work) _____

(Mobile) _____

Name and Address of Employer (if different from mailing address above)

Sector working in:

(please tick as many as apply)

- District Health Board
- Health, other than DHB
- MOE – Special Education
- School
- Charitable Trust
- Private Practice
- University
- Not practising
- Other _____

SLT Qualifications: (for each SLT qualification attained please provide the following information - write on back of form if more space needed)

Year attained _____ Qualification _____

University _____

Year attained _____ Qualification _____

University _____

If a copy of your qualifications has not been sent to NZSTA previously please enclose a copy (not required to be a certified copy)

Ethnicity Group: (please tick as many as apply)

- | | | | | | | | |
|------------------|--------------------------|----------|--------------------------|---------------|--------------------------|------------------------|--------------------------|
| NZ European | <input type="checkbox"/> | American | <input type="checkbox"/> | South African | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |
| NZ Maori | <input type="checkbox"/> | European | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | | |
| Pacific Islander | <input type="checkbox"/> | Canadian | <input type="checkbox"/> | Indian | <input type="checkbox"/> | _____ | |

Membership Categories & fees for 2010 calendar year - GST inclusive (Indicate level of membership applied for)

Full membership (working 26 hours or more per week)	\$337.50 <input type="checkbox"/>	Non-practising membership	\$225 <input type="checkbox"/>
Full membership ¹ (working less than 26 hours per week) ²	\$236.25 <input type="checkbox"/>	Associate membership	\$225 <input type="checkbox"/>
Provisional membership ²	\$337.50 <input type="checkbox"/>	Life membership	no fee <input type="checkbox"/>

Payment Options available: (circle one option)

- a) Paid by cheque made out to NZSTA and enclosed
- b) Payment to NZSTA Bank Account No. 11 7244 0425162 11 made on / / 20
- c) Credit card- *On-line*: for link to the secure payment page go to www.speechtherapy.org.nz/payments
or _____ Visa or Mastercard Security no. _____
(3 digits from back of card)
- Expiry date ____ / ____ Name on Credit Card _____
- Amount authorised \$ _____ Signature _____

²New Graduates only who were student members in 2009 are eligible for a \$33.75 (10%) discount on provisional membership for each year they were a student member of NZSTA.

Full members only - please read and complete:

My signature on this form is a declaration that I have worked more than 1,000 hours in the past five years as a speech-language therapist, which I understand is a requirement to maintain full membership.

¹ Full membership – part time category: If this option is selected my signature on this form is a declaration that I am working less than 26 hours per week as a speech-language therapist and I agree to notify NZSTA in writing of any increase in hours which would take me into the higher full member fee category.

Continuing Professional Development Record (CPD): It is a requirement to maintain full membership that you complete and file your Continuing Professional Development record for 2009. Has your 2009 Continuing Professional Development record been submitted? Yes No

Disclosure Information and Declaration:

1. Have you ever been convicted of a criminal offence or an offence related to the practice of speech language therapy? Yes No
2. Have you been the subject of a finding of professional misconduct, incompetence or incapacity by your employer or any other body? Yes No
3. Have you ever been disciplined or sanctioned, or are there any disciplinary proceedings pending against you before any professional association, professional licensing authority or board, or other professional regulatory body? Yes No

If you answered yes to any of the above please provide details on a separate piece of paper. Include the nature of the offence; the date of the offence; the nature of any penalties or rehabilitation requirements imposed and any other relevant factors you would like the NZSTA to consider.

NOTE: A criminal conviction, disciplinary action or sanction will not automatically preclude membership. The NZSTA will consider all relevant factors.

- A. I have read and understand the NZSTA Code of Ethics (2008) and I agree to abide by this Code and any subsequent amendments. I understand that, should I cease to be a member, any complaint against me may be directed to the Health and Disability Commissioner for investigation.
- B. I agree to abide by all standards required to maintain membership and I understand that, once I receive membership, my membership status may be made available to the public.
- C. I declare that the information provided in this form, and all other relevant documentation, is true and correct.

Signed _____ Date / /

Post completed form to:
Executive Officer, NZSTA
P O Box 38 070, Parklands
Christchurch 8842, New Zealand

**Membership will only be processed when
the completed membership form and
payment is received**