



# NZSTA Renewal Membership Form for 2012

for speech-language therapists who were members in 2011 and are renewing their membership

Payment is due 1<sup>st</sup> January 2012 and membership will cease if not paid by 1<sup>st</sup> March 2012

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 \_\_\_\_\_

Please indicate how you would like to receive Communication Matters in the future. Hard copies will continue to be sent out for 2012.  Hard Copy or  pdf or  neither

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

**Membership Categories & fees for 2011 calendar year - GST inclusive** (Indicate level of membership applied for)

Full membership (working 26 hours or more per week)	\$358.00 <input type="checkbox"/>	Non-working membership	\$238 <input type="checkbox"/>
Full membership <sup>1</sup> (working less than 26 hours per week) <sup>2</sup>	\$250.00 <input type="checkbox"/>	Associate membership	\$238 <input type="checkbox"/>
Provisional membership <sup>2</sup>	\$358.00 <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 Kiwibank Account No. 38 9012 0192936 00 made on        /        / 20
- c) Credit card- *On-line*: for link to the secure payment page go to [www.speechtherapy.org.nz/payments](http://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 \_\_\_\_\_

<sup>2</sup>New Graduates only who were student members in 2010 are eligible for a 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.

<sup>1</sup> 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 2011. Has this 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:**

Administrator, NZSTA  
P O Box 137 256  
Parnell, Auckland 1151

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