



NZSTA Student Membership Application 2012

You can also join on-line at www.speechtherapy.org.nz

Tax Invoice – GST No. 53-332-439

Full Name: _____

Mailing Address: _____

_____ Postcode _____

Telephone No.: (Mobile) _____ (Home) _____

E-mail: _____

The Student Subscription for the year ending 31st December 2012 is \$36.00 (GST incl.)

A Student Member must not be practicing as a Speech-Language Therapist.

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

Statistical Data Required:

Male / Female

SLT Qualification Studying for:

Bachelor / Masters / PhD

University: _____

Year expected to graduate in: _____

Ethnicity Group: (please indicate)

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

Declaration:

I have read and understood the implications of the New Zealand Speech-Language Therapists' Association Code of Ethics 2008. I declare that I am bound by this code throughout the time of my membership with the NZSTA. I understand that if I cease to be a member, any complaint against me may be directed to the Health and Disability Commissioner for investigation.

Signature: _____

Date: _____ / _____ / 2011

Payment Options available: (circle one option)

1. Paid by cheque made out to NZSTA and enclosed

2. Payment to NZSTA Bank Account No. 11 7244 0425162 11 made on _____ / _____ / 2011

3. Credit card number: _____ Visa or Mastercard

Expiry date ____ / ____ Name on Credit Card _____

Amount authorised \$34.50 Signature _____

Security number: _____

(3 digits on back of credit card)

Post to: NZSTA Executive Officer
P O Box 137 256,
Parnell, Auckland 1511