

Application for Membership of the New Zealand Association for Psychological Type

Process to gain Membership

In order to maintain a high professional standard NZAPT uses the following process:

1. Applications for *Professional* Membership must be sponsored by a current Professional Member of NZAPT.

Applications for *Associate* Membership need not be sponsored.

Associate members who wish to upgrade their membership must complete a further application.

2. An invoice for the membership fee will be sent to you. This may be for only part of the year to align you with the membership financial year. Membership will commence from the date of receipt of the membership fee.
3. Once a formal application is received the applicant is designated a probationary member.
4. The name of the probationary member will be advertised in TYPEtype, our national newsletter.
5. Current members will have 21 days following the issue of TYPEtype to lodge any objection to membership with the Membership Convenor.
6. The Board will consider the application for membership at its next meeting.

If there are no objections the Board will formally ratify the membership of the probationary member as either a Professional or Associate Member.

The Board may defer or decline membership if it is not satisfied that the applicant will operate as a sound and ethical member of NZAPT.

7. All applicants will be notified by letter of the Board's decision.

Fees and Membership Directory

Fees:

Associate:

Waged \$60.00

Unwaged \$30.00

Professional:

Commercial \$145.00

Non-Commercial \$115.00

Unwaged \$60.00

Fee Category _____

Please find enclosed a cheque for the amount invoiced or debit my Credit Card

Visa _____ MasterCard _____ Expiry Date ___ / ___

Card No _____ Amount Paid _____

Signature _____ Name on Card _____

Tick box if you would like a receipt

Membership Directory

NZAPT provides a membership directory that is accessible to all members, on our website www.nzapt.org.nz or in printed form if requested, please contact the NZAPT Office, e-mail info@nzapt.org.nz or phone 0800 756 675.

Details given are: name, contact information, type, and interests.

Please indicate below if you would/would not like to be included in the membership directory. Should you be in doubt there will be opportunities for you to be included or to withdraw in future years at the time of your membership renewal.

I give permission for my name, type, contact and interest group details to be included in the;

Membership Directory. **Yes / No**

Interest Areas: Please indicate your areas of interest by ticking in the appropriate box.

- A** Careers and Occupations
- B** Counselling and Psychotherapy
- C** Education
- D** Management and Organisational Development
- E** Psychological Theory
- F** Research
- G** Religious and Spiritual Issues

Please print with block letters. When complete please post (together with evidence of experience and/or qualifications for professional application) to the:

Membership Convenor, NZAPT, P O Box 9842, Wellington.

Applicant

1. First Name (s) _____ Surname _____

2. Title: Prof / Dr / Mr / Ms / Mrs / Miss

3. Claimed Type: _____

4. Demographic Data:

Sex: ___ DOB: _____ Ethnic origin: _____

5. Mailing Address: _____

6. Phone: *(Please include area code)*

Home: _____ Work: _____ Fax: _____

Mobile: _____ Email _____

7. Present Employment:

Occupation: _____

Employer: _____

Membership Type

Please indicate the membership type you are applying for.

Professional Membership

Associate Membership

Applicant Signature: _____

Date: _____

Professional Membership Applicants Only:

Are you already registered with the NZ Council for Educational Research as a test user? Yes / No.

If so, please provide the classification of tests for which you are registered.

Tests classified as Level _____

Are you a member of any other related professional organization? Yes / No

Please specify which one(s) _____

Please summarise your relevant work experience, academic training and / or MBTI training. If relevant please list psychological testing qualifications.

(Please use an additional sheet if required.)

I hereby give permission for the information provided to be verified and for the nominator to be approached for information as required *(Professional Membership Applicants only)*.

I hereby agree to abide by the NZAPT Code of Ethics.

Applicant Signature: _____ Date: _____

Nominating Member

Nominators should have a personal knowledge of the applicant and be prepared to supply information about the knowledge, experience and general suitability for NZAPT Professional Membership

Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____