

## **Membership of the New Zealand Association for Psychological Type**

### **NZAPT Mission Statement**

Educating, equipping and empowering New Zealanders through the use of Psychological Type to enable understanding and acceptance of why and how people are so different.

### **Process to gain membership**

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

1. Application for Professional Practitioner or Practitioner Membership must be nominated by a current Professional or Practitioner Member of NZAPT. Applications for Associate membership need not be sponsored. Associate members who subsequently wish to upgrade their membership must complete a further application form.
2. Once an application is received the applicant is designated a probationary member.
3. An invoice for the membership fee will be sent. This may be for only part of the year to align with the membership financial (calendar) year. Membership will commence from the date of receipt of the membership fee.
4. The name of the probationary member will be advertised in TYPEtype, the official publication of NZAPT.
5. Current members will have 21 days following the issue of TYPEtype to lodge any objection to membership with the NZAPT Board.
6. The Board will consider the application at its next meeting. If there are no objections the Board will formally ratify the membership of the probationary 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. Applicants will be notified by letter of their membership.

## Membership of the New Zealand Association for Psychological Type

### Application Form

1. First Name (s) Surname
2. Claimed Type:
3. Demographic Data (optional):  
Gender:  
Age Group:  20-30  31-40  41-50  51-60  61+  
Ethnic origin:
4. Mailing Address:
5. Phone: (Please include area code)  
Home: Work:  
Fax: Mobile:  
Email:
6. Present Employment:  
Occupation:  
Employer:

Professional Practitioner Member Applicants Only:

7. Are you a member of any other related professional organisation?

Yes/No

Please specify which one(s)

8. Please summarise your relevant work experience, academic training and / or Type training. If relevant please list psychological testing qualifications. (Please use an additional sheet if required.)

## Membership Types

### **NZAPT Professional Practitioner**

Qualified Type practitioners, registered psychologists and those qualified to use Type assessment instruments. Professional Practitioners gain personal and/or business income from working with Type materials and instruments or are in paid employment in which they use or work with Type materials and resources.

### **NZAPT Practitioner**

Qualified Type practitioners who provide and use Type related products and services for no financial gain.

### **NZAPT Associate**

Those with a personal interest in Type, who are not qualified to provide interpretations of Type to others. (These applications need not be nominated by an existing NZAPT member.)

Which membership type you are applying for?

- Professional Practitioner
- Practitioner
- Associate

## Membership Directory

NZAPT provides a membership directory that is accessible to all members on our website, [www.nzapt.org.nz](http://www.nzapt.org.nz), or in printed form.

Details included in the directory are name, contact information, type, and interests. There are opportunities for you to be included or to withdraw in future years at the time of 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 the appropriate box(es).

- Careers and Occupations
- Counselling and Psychotherapy
- Education
- Management and Organisational Development
- Psychological Theory
- Research
- Religious and Spiritual Issues

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

I hereby agree to adhere to the Code of Ethics and Standards of Practice of NZAPT.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

When complete please post (together with evidence of experience and/or qualifications for professional application) to:

**NZAPT, P O Box 4146, Marewa, Napier 4143**

### **Nominating Member**

*I have a personal knowledge of the applicant and am prepared to supply information about their Type knowledge, experience and general suitability for NZAPT Professional or Practitioner Membership. I am a Professional member of NZAPT.*

Name:

Address:

Phone:

Signature:

Date:

## Membership Categories and Fees

### NZAPT Professional Practitioner

Qualified Type practitioners, registered psychologists and those qualified to use Type assessment instruments. Professional Practitioners gain personal and/or business income from working with Type materials and instruments or are in paid employment in which they use or work with Type materials and resources.

Annual fee: \$199.33 (incl GST)

### NZAPT Practitioner

Qualified Type practitioners who provide and use Type related products and services for no financial gain.

Annual fee: \$148.22 (incl GST)

### NZAPT Associate

Those with a personal interest in Type, who are not qualified to provide interpretation of Type to others. (These applicants membership need not be sponsored by an existing NZAPT member.)

Annual fee: \$76.70 (incl GST)

Fee Category \_\_\_\_\_

## Payment

A. Please find enclosed a cheque for the amount \$ \_\_\_\_\_

B. Please invoice. Make the invoice out to: \_\_\_\_\_

Purchase order number: \_\_\_\_\_

C. Debit my Credit Card

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Card No \_\_\_\_\_

Amount Paid \_\_\_\_\_

Signature \_\_\_\_\_ Name on Card \_\_\_\_\_

D. Direct Payment into 06-0565-0115585-00 Please put name as reference.