



INSTITUTE  
*of*  
CRIMINAL JUSTICE  
& FORENSIC  
PSYCHOLOGY

## Application for Membership

Name

Email Address

Signature

Date:

What are your relevant  
professional qualifications  
(e.g. PGDipClinPsys, MA in  
Forensic Psychology, PhD)

Employer

Please indicate relevant  
professional experience in  
criminal justice and forensic  
psychology

I am applying for  
(please complete ONE of the  
following)

**Full Membership (\$30)**

[ ☐ ] (tick)

I am a current NZPsS member

[ ☐ ] (tick)

I am a NZ registered psychologist

[ ☐ ] (tick)

I have a current Annual Practising Certificate

[ ☐ ] (tick)

OR

Associate Membership is for  
those who have an interest  
in the criminal justice/  
forensic psychology area.

**Associate Membership (\$20)**

[ ☐ ] (tick)

I am a current NZPsS member

[ ☐ ] (tick)

I am a NZ registered psychologist

[ ☐ ] (tick)

I have a current Annual Practising Certificate

[ ☐ ] (tick)

OR

**Student Membership (free)**

[ ☐ ] (tick)

I am a current NZPsS student subscriber

[ ☐ ] (tick)

Send this form together with payment(\$30 (incl GST) if you apply for Full Membership or \$20 if you apply for Associate Membership) to:

New Zealand Psychological Society, PO Box 25 271, Featherston St, Wellington 6146