

**INSTITUTE
of
COMMUNITY PSYCHOLOGY
AOTEAROA**

APPLICATION FOR MEMBERSHIP

Name: _____

Postal address: _____

_____ P/C _____

Daytime phone: _____ Mobile: _____

Email: _____ Area of work/interests: _____

(PLEASE NOTE: If the contact details above are different to those on the New Zealand Psychological Society (NZPsS) membership database they will be used to update the database and will become your mailing/email contact for all NZPsS communications.)

I am applying for: (tick one)

☐

Full membership¹

☐

Student/unwaged membership¹

Membership criteria

To become a member of the Institute of Community Psychology Aotearoa (IComPA) you must be one of the following: (tick one)

☐

Full member of the NZPsS (honours or higher degree in psychology)

☐

Student subscriber of the NZPsS (graduate student in psychology)

Nomination

You are required to be nominated by a Full Member of the IComPA.

Nominator's name: _____

Nominator's signature: _____

Date: _____ Email: _____

(These details are required for verification of the nominator's IComPA membership.)

Declaration

Membership of the IComPA requires that you support the objectives printed overleaf.

I declare that I support the objectives of the IComPA.

Signed: _____ Date: _____

Send the completed application form to:

**Institute of Community Psychology Aotearoa
New Zealand Psychological Society
PO Box 4092
Wellington**