



The New Zealand Psychological Society

Tē Rōpū Mātai Hinengaro o Aotearoa

APPLICATION FOR SUBSCRIBERSHIP

Applicant Information

Title	Prof	Dr	Mr	Mrs	Ms	Other:
First Name (s)						
Last Name						
Date of Birth						
Ethnic Origin						
Sex	Female		Male			
Present employer						

Address Information

Mailing Address	Street or PO Box:	
	Suburb:	
	City:	Postcode:
Work Phone		
Mobile Phone		
Email		

Qualification Information

Please list all your academic qualifications

Declaration

I declare that I have read Rule 5.1 of the Society's Rules (overleaf) and am not eligible for Full Membership of the NZPSS. I undertake to advise the Society should I become eligible for Full Membership under the Rules.

(Note: Subscriber status is not available to anyone qualified to become a full member under Rule 5.1 of the Society's rules. Subscribership will be valid for 12 months from the date of approval. You will be required to verify annually, your continued eligibility for this membership status under the Rules).

Applicant Signature: Date:

Please read the sections overleaf

SUBSCRIBER STATUS

As per Rule 13 of the NZPsS Rules, the Executive Director may admit persons who are not qualified for membership but who have a professional interest in psychology as Subscribers. Subscribers are not members of the Society and will not be eligible to vote but will receive notices of and be entitled to attend general meetings of the Society and to enjoy such privileges of membership as the Executive may from time to time determine.

Subscriber status offers access to all Society publications, as well as registration at member rates at the Society's annual conference and professional development events.

NOTE: SUBSCRIBER STATUS IS NOT AVAILABLE TO ANYONE QUALIFIED TO BECOME A FULL MEMBER UNDER RULE 5.1 OF THE SOCIETY'S RULES.

RELEVANT RULE EXTRACTS

5.1

To qualify for election as a Full member an applicant must have satisfied the Executive that he or she possesses one of the following qualifications:

- (a) a Doctorate in the field of psychology; or
- (b) an Honours or Masters degree in the field of psychology, or
- (c) an Honours, Masters, or other approved postgraduate qualification in which at least two courses (equivalent in total credit weight to one half of a full academic year of study) on psychological topics have been passed at postgraduate level, and that either
 - (i) a thesis on a psychological topic has been accepted, or
 - (ii) at least one year of relevant supervised experience or training acceptable to the Executive has been completed.
- (d) such equivalent qualifications, skills or knowledge in psychology as may be approved by the Executive after consultation with the Membership and Status Committee.

5.2

Qualifications gained at overseas institutions will be accepted if they are deemed by the Executive Director in consultation with the Membership and Status Committee as equivalent to the Society's published membership criteria. Any person holding overseas qualifications recognised as sufficient for registration as a psychologist by the New Zealand Psychologists Board will be deemed to have qualifications meeting the requirements of this rule 5.2.

PREPAYMENT OF SUBSCRIPTION FEE IS REQUIRED WITH APPLICATION.

The current fee for Subscribers is NZ\$225.00.

Please send your completed application form along with payment to:

**Membership Administrator
NZ Psychological Society
PO Box 4092
Wellington 6140**



The New Zealand Psychological Society

SUBSCRIBERSHIP INVOICE

GST No. 42-486-868

Name:

Subscribership fee (incl. GST)
payable with application

\$ 225.00

You will be advised of your acceptance as a Subscriber and the date on which your Subscriber status falls due for renewal. Renewal is dependent on your continuing to meet the criteria noted above. If you achieve the minimum educational requirement for Full Membership you cannot renew as a Subscriber.

Method of payment:

☐

Cheque enclosed for subscription fee due as above

☐

Direct credit to NZ Psychological Society Inc. Bank Account No. 02- 0560- 0262471- 00
Deposit date: _____

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Credit Card payment (VISA or Mastercard only)

Card No:

Cardholder name _____ Expiry Date ____/____/____

Signature _____