

# Application for Membership to the Association of New Zealand Audiology Incorporated

The Secretary, ANZAI, PO Box 200-110 Papatoetoe Central, Auckland

Membership categories are as follows:

- **Full Membership:** For individuals actively involved with the testing of hearing, and the supply and fitting of hearing aids. Annual membership fees: \$50.00  
Full members are required to present their qualifications to the ANZAI council, have at least 2 years work experience after finishing their qualifications and sit an initial entrance examination.
- **Associate Membership:** For individuals who have a direct interest in Audiometry, or who provide technical support to the Hearing Health Care Profession. Associate and Provisional membership can include Audiometrists, Technical members, ENT Nurses, Hearing Therapists, Manufacturers, Service technicians and others with an interest in the Audiology field. Annual membership fees: \$50.00
- **Provisional:** For individuals, who have completed their Certificate or Diploma in Audiometry and are working out their two years supervised practice, post qualification, prior to sitting the full membership examination. Also for overseas audiologists and audiometrists who have an approved qualification, and are preparing to sit their full membership examination. Annual membership fee: \$50.00
- **Student Membership:** For individuals who are currently studying in the Audiology industry and maybe working towards Full Membership. Annual membership Fees: \$50.00

I hereby apply for:

Full Membership of ANZAI (Subject to passing entry level examination)	<input type="checkbox"/>
Provisional Membership of AZAI	<input type="checkbox"/>
Associate Membership of ANZAI	<input type="checkbox"/>
Student Membership of ANZAI	<input type="checkbox"/>

Name: .....

Address: .....  
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.....  
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Telephone: Work: ..... Home: .....

Fax: ..... Cell: .....

Email address: .....

I undertake to abide by the Code of Ethics and the Constitution of the Association of New Zealand Audiology Incorporated.

Signed: ..... Date: .....

Please attach your curriculum vitae outlining your professional career, work experience and qualifications in the Hearing Health Care Profession.

Please deposit \$50.00 as an application fee into the following bank account by direct credit which will also cover this current calendar year of membership, if granted.

Please use your name in the reference field.

Account Name: ANZAI  
Bank: ASB  
Account Number: 12-3053-0486490-00