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**APPLICATION FOR INTERNATIONAL AFFILIATE MEMBERSHIP**

**(to qualify an applicant must be** **resident overseas and be a current Full Member of an Association with whom the NZPsS has signed a Memorandum of Understanding)**

# Applicant Information

Title: \_\_\_\_\_\_\_

First Name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language(s) spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NZ Residency (please circle): Yes / No

Member of a Professional Psychology Association (please circle): Yes / No

British Psychological Society; American Psychological Association; Australian Psychological Society; Oceanic Psychology Register

# Qualification Information

I apply for membership on the basis of my beingresident overseas and being a current

Full Member of an Association with whom the NZPsS has signed a Memorandum of Understanding.

I enclose evidence of my membership of a Professional Psychology Association

**DECLARATIONS** - I hereby declare that:

* I have never been convicted of an offence for which the potential sentence was three months or more in New Zealand or another country.
* I undertake to inform the Society if I am subsequently convicted of an offence for which the potential sentence was three months or more in New Zealand or another country.
* I agree to abide by the Rules of the New Zealand Psychological Society Inc. and the Code of Ethics 2002.

### Applicant Signature: Date:

Subscription fees (pro rated) for the remainder of the current financial year will be invoiced once affiliate membership has been approved. Full year fee is $170.00

Please email your completed application form along with evidence of your Full Membership of a Professional Psychology Association with whom the NZPsS has signed a Memorandum of Understanding.

to:  
[membership@psychology.org.nz](mailto:membership@psychology.org.nz) or send to:

New Zealand Psychological Society, PO Box 25271, Featherston Street, Wellington 6146