

**NZSDT Inc
Application Form**

Full Member

Associate

Friend

Post to:
Membership
NZSDT
PO Box 6264
Upper Riccarton
Christchurch 8442



New Member

PLEASE READ CAREFULLY AND FILL IN **ALL SECTIONS** - Please Print Clearly
(We need evening contact details; please list your home phone & cell phone)

Full Name: [Mr, Mrs, Ms, Miss]

Postal Address:

Post Code:

Phone:

Cell phone:

Email:

Workplace:

Position:

Work Postal Address:

Post Code:

Which Regional Support Group (RSG) do you attend (or which is your closest RSG?)

In applying for Membership, **I agree to;**

1. Abide by the Societies Code of Ethics and Standard of Practice and any amendments.
2. My application being accepted at the discretion of the Executive Committee.
3. Pay any relevant fees when invoiced and to pay on time.
4. On resigning to give my **NOTICE IN WRITING** (Non-payment of fees does not constitute a resignation) NB. Members are liable for Membership fees up to the end of the financial year in which notice of resignation is received.
5. Being contacted by NZSDT email from time to time.

Signature:

Date:

Membership Types	Tick	Fees	Financial year is January to December
Full Member		\$60	Currently employed as a DT
Associate		\$60	Students, Volunteers, Facilities Managers (not DT)
Friend		\$15	Past & Retired members only
Badge		\$10	Full Members Only
Handbook		Free	
Total Due			Payment attached-Direct Credit-Westpac Branch
Payment NZSDT Inc			Bank Reference:

Payment Instructions:

By Cheque or Money Order: Payable to NZSDT Inc
Direct Credit or over the Counter Deposit at any Westpac Branch.
Account: New Zealand Society Of Diversional Therapists Incorporated.(NZSDT Inc)
Account Number: 03 1559 0022619 00. **(Ensure you state your name as the reference)**
Post or Fax Form with payment details and date to Treasurer / Membership.
Post or email Membership Form to: NZSDT, PO Box 6264, Upper Riccarton, Christchurch 8442

Office Use
Rev 6: 6/11

Membership No.	Receipt No.	Date Sent	Date Database	Accounts	Refer