



NEW MEMBER	
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RENEWAL	
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PLEASE READ CAREFULLY AND FILL IN ALL SECTIONS, Please Print Clearly
(Mr. Mrs. Ms. Miss) FULL NAME:

Address: _____ City: _____

Phone: _____ Mobile: _____ Email: _____

Workplace: _____ Position: _____

Address: _____ Membership Number

New Members ONLY
In applying for Membership, I have read and agree to the following:

1. To abide by the Societies Code of ethics and Standards of Practice and any Amendments
2. My application being accepted at the discretion of the Executive Committee
3. On resigning to give my NOTICE IN WRITING (non-paying Members are liable for Membership fees up to the end of the financial year in which notice of resignation is received.
4. Pay any relevant fees when requested and in a timely manner

Tick

Registered Members ONLY
The NZ Society of Diversional Therapists Inc. has established an independent Registration Board to maintain a Register of Qualified Diversional Therapists and issues Registration Certificates and Badges to persons who meet the required criteria.

Reg. Renewal Date:

Registration Number:

Tick

*As a Registered Diversional Therapist, your name may be included in the Society's Publication.
Tick only if you **do not want** your details to be included.*

Signature:

Date:

Membership Type	Tick	Fee	Conditions
Full Member 1st July - 30th June 2009		\$60	Currently employed as a DT
Associate		\$60	Facility Managers
Half Yearly Payment: 1 st July – 31 st Dec 08		\$35	Renewals only,
1 st Jan – 31 st July 09		\$35	includes \$5 surcharge for costs
Friend of Society		\$15	Volunteers, Past/Retired DTs
Badge (Full Member only)		\$10	Full Members
Handbook		\$5	
Payment Due NZSDT Inc.			Direct Credit/Online Westpac Bank

Payment Instructions:

- Direct Credit or over the Counter Deposit at any Westpac Branch
- **Account:** New Zealand Society of Diversional Therapists Incorporated
- **Account Number:** 03 1559 00226 19 00
- Ensure you state your Name or Membership Number as the Reference.

Only if Bank or Direct Credit is not possible – Cheque made out to NZSDT Inc.

**In ALL cases post or email Membership Form to:
NZSDT, PO BOX 6264, UPPER RICcarton, CHRISTCHURCH 8442**

Office Use Ver 8/08	Membership Number	Receipt No.	Date Sent	Date Database	Refer
	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>