



Hospital Play Specialists Association of Aotearoa/New Zealand Inc.

•PO Box 26637, Epsom, Auckland, 1344 •info@hospitalplay.org.nz •www.hospitalplay.org.nz

MEMBERSHIP APPLICATION/MEMBERSHIP RENEWAL Registered Charity #CC35270

Surname:

First name(s):

Home address:

.....

Phone number: **(H)** **(W)**

Fax number: **(H)** **(W)**

Email:

NB: Membership is at the discretion of the Executive, and further information may be sought from applicants prior to approving membership

I wish to apply for / renew membership of the Hospital Play Specialists Association:

Membership category¹ - choose one

FULL MEMBER	\$70.00 ()
ASSOCIATE MEMBER	\$40.00 ()
STUDENT	\$30.00 ()
DONATION	\$ ()
(Donations over \$5.00 may be tax deductible)	
TOTAL ENCLOSED	\$

Please make cheques payable to the Hospital Play Specialists Association. Send cheque with completed application form to: The Treasurer, Hospital Play Specialists Assn, P O Box 26637, Epsom, Auckland, 1344.

If paying by credit card:

Mastercard Visa

Name on card:

Card number: Expiry:

¹ *Full member:*
People who provide play specialist services and/or work under a hospital play specialist, or assistant hospital play specialist, job description

Associate member:
Hospital play specialist not currently employed, or retired

Others who have an interest in or involvement in the well-being of children and young people receiving healthcare services

Student member:
Associate and Student members have access to all the benefits of membership, but are not entitled to vote at Annual or Special General Meetings.



DECLARATIONS – TO BE COMPLETED BY ALL APPLICANTS:

I have read the Code of Ethics of the Hospital Play Specialists Association and agree to abide by this code.

YES / NO

I wish to join/re-join the Hospital Play Specialists email forum and agree to have my email address forwarded for this purpose.

YES / NO

In terms of the Privacy Act 1993 you are advised that information supplied by you will be held by the Association and will not be distributed without your consent. You have a right to check that the information is correct. If you agree that your contact details may be circulated, to Association members only, please indicate here:

YES / NO

For applications for full membership only:

I am currently employed as a hospital play specialist or assistant hospital play specialist. YES / NO

If no, please give further details of your employment:

.....

[Name of organization]

Name, signature, and contact phone number of team leader/manager or equivalent person who can verify your employment (applications for full membership only):

Name: Signed:

Designation: Date:

Contact phone number:

ALL APPLICANTS:

I agree that the above information is correct.

Name: **Date:**

Signature: