



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:

.....

..... **Postcode**

Phone 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

Membership category¹ (choose one):

- FULL MEMBER \$100.00 ()
- ASSOCIATE MEMBER \$55.00 ()

Payment can be made by (please tick):

- INTERNET BANKING**
Account number 12-3056-0743333-00
Please put your name in "Particulars" and MEMB in "Reference"
- CHEQUE**
Make cheques payable to the **Hospital Play Specialists Association** and attach to this form
- CREDIT CARD**
Name on card:
- Card number: Expiry:

Membership forms can be emailed to hpsasecretary@gmail.com or posted to **The Treasurer, Hospital Play Specialists Assn, P O Box 26637, Epsom, Auckland, 1344**

¹ *Full member:*
People who are employed as play specialists 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

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: