| HTNZ Special Interest Membership Application | | | | |
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| Applicant Information | | | | |
| Name: | Date of Birth: | | | Pronouns: |
| Region/location: | | | | |
| Email address: | | | | |
| Preferred contact method and details: | | | | |
| Ethnicity/cultural identity: | | | | |
| EDUCATION Information if relevant to hand therapy | | | | |
| Professional Qualification: | | Year of Professional Qualification: | | |
| special interest membership information | | | | |
| Please describe your interest in hand therapy and why you wish to be an HTNZ Special Interest member: | | | | |
| PayMENT INFORMATION | | | | |
| $150 Payment has been made | | | | |
| HTNZ Bank Account Number: 03-0173-0348961-000  Please ensure you quote your name and enter ‘New Special Interest Member’ in the reference field | | | | |
| Consent & Signatures | | | | |
| I give Hand Therapy New Zealand consent to communicate with me by e-mail | | | | |
| Signature of applicant: | | | Date: | |
| Please SEND completed APPLICATION to the HTNZ administrator at [admin@handtherapy.org.nz](mailto:admin@handtherapy.org.nz) | | | | |

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| OFFICE USE ONLY | |
| Payment received |  |
| HTNZ Executive approved |  |
| Welcome letter emailed |  |
| Details entered into website and member file |  |

**Special Interest member of HTNZ  
Entry Requirements**   
i. An individual not currently practicing hand therapy who has a special interest in hand therapy   
ii. Each Special interest member must be approved by HTNZ Executive Committee  
iii. Special interest members will not have voting rights  
  
**Maintenance**   
-Payment of annual subscription fee.

**Benefits**  
-Access to educational section and resources via members area of the HTNZ website

-HTNZ members conference rates  
-Fingerprints