| 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  |

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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