| HTNZ Affiliate 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 | | | | |
| Professional Qualification: | | Year of Professional Qualification: | | |
| Affiliate membership maintenance information | | | | |
| Please briefly describe why you are moving to non-practising membership and how you intend to reach the 45 log book points needed to maintain Affiliate membership: | | | | |
| PayMENT INFORMATION | | | | |
| $100 Payment has been made by Direct Credit | | | | |
| HTNZ Bank Account Number: 03-0173-0348961-000  Please ensure you quote your name and enter ‘New Affiliate 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 and membership certificate emailed |  |
| Details entered into website and member file |  |

**Affiliate member of HTNZ  
Entry Requirements**   
i. A Registered HTNZ member who is no longer practicing hand therapy or is overseas and would like to continue to be a member of HTNZ   
ii. Each Affiliate member must be approved by HTNZ Executive Committee  
iii. Affiliate members will not have voting rights  
iv. Affiliate members must continue CPD within hand therapy and complete the 2 yearly HTNZ log book submission. Accrue a minimum of 45 points in each 2 year period (refer to Schedule of Points)  
Please note: After 4 years of Affiliate membership, if the Applicant wishes to return to Registered membership of HTNZ they will require;   
v. A letter of recommendation from a New Zealand Registered Hand Therapist or Hand Surgeon.  
vi. Documentation/evidence of regular formal hand therapy clinical supervision for a six month period upon return to practice.   
  
**Maintenance criteria**  
-Payment of annual Affiliate member subscription fee.  
-Log book submission 2 yearly.  
-After 4 years of Affiliate membership, if an Affiliate member returns to Registered membership status within HTNZ, applicants be required to complete a minimum of six months documented clinical supervision. The supervision log must be supplied to HTNZ after the six-month period as evidence of completion.   
  
**Benefits**   
-Access to the educational section and resources via members area of the HTNZ website  
-HTNZ members conference rates  
-Fingerprints magazine access  
-Streamlined return to practice as a Registered member of HTNZ