

The Paediatric Society of New Zealand
PO Box 22 234
Wellington
NEW ZEALAND

Please find enclosed a completed Nomination Form, Membership Application Form and brief Curriculum Vitae (statement of nominee's professional status, appointments, and published works)

for.....
(Full name of Nominee)

for.....
(Membership, Honorary Membership or Life Membership of The Paediatric Society of New Zealand Incorporated.)
(See below for conditions.)

NOMINATOR)
Signature Please print name

SECONDER)
Signature Please print name

NOMINEE)
Signature Please print name

- 1. **Members**
Nurses, medical practitioners or allied health professionals who hold current registration with their regulatory body, have worked for a minimum of five years more than 75% in child or youth health, have demonstrated evidence of ongoing education in child and youth health, are recognised by their nominees as being committed and contributing to child and youth health are eligible for membership. Applications are submitted to Council for approval.
- 2. **Honorary Members**
Honorary membership may be conferred on those persons who are not eligible for ordinary membership of the Society but who have been deemed to have made a significant contribution to paediatrics and child health.
- 3. **Life Members**
Life membership may be conferred to any member for distinguished service.

Every person nominated to be a Member, Honorary Member or Life Member of The Society shall be **proposed** by one Member and **seconded** by another Member of The Society to both of whom the nominee shall be personally known. **Council shall consider and endorse overseas members' applications. Membership shall require confirmation at the Annual General Meeting of the Society by a majority of the quorum present.**

Subscription

The annual subscription of The Paediatric Society is income related as follows. Please forward the appropriate amount:

<u>Pre-tax (gross) Income Per Annum</u>	<u>Fee (includes GST)</u>
Less than \$50,000	\$51.75
Between \$50,000-\$100,000	\$92.00
Over \$100,000	\$517.50
Overseas Member	\$115.00

www.paediatrics.org.nz

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THE PAEDIATRIC SOCIETY OF NEW ZEALAND

NEW MEMBER APPLICATION FORM

All information in this application is confidential to the Society and will not be released to any person or body outside the Society unless otherwise specified or permission sought.

APPLICANT DETAILS

***Please Print*

Title: (Dr/Prof/Assoc Prof/Mr/Mrs/Miss/Ms)
Surname:
First Name:
Second Name:
Third Name:
Degrees/Diplomas :
Current Employment

MAILING INFORMATION

***Please indicate preferred mailing address*

Your name and e-mail address will be available in the Members' only section of the PSNZ website
Your contact details will also be available to members

Work :
.....
Home:
.....
Best Tel contact: ()..... Fax ().....
Mobile

email:

Unless otherwise advised by you, you will be added to our members' list server. Instructions on how to use the list server will be forwarded to you when your membership is confirmed.

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COMMITTEES & SPECIAL INTEREST GROUPS

A Special Interest Group (SIG) provides opportunities for members with common interests to share knowledge and learning opportunities, provide advocacy, and act as a reference group for the associated Committees.

A Special Interest Group:

- Established once a significant number of members express an interest
- Membership determined by virtue of interest in the subject
- There is no restriction on total membership
- A Special Interest Group will elect a Committee once membership exceeds 8.

A Special Interest Group may form if more than five members support its formation and it is approved by Council. Once a Special Interest Group has 8 members more formal processes will be required and a Committee formed.

A Committee is the body elected by a SIG and endorsed by the Council to represent SIG in PSNZ activities. The function of the Committee is to develop position statements, guidelines, and other items and support the functioning of an associated Special Interest Group.

A Committee is:

- Elected by the Special Interest Group and endorsed by Council
- The Committee elects a Chair and seeks approval from Council
- All Committee members are financial members of the Society
- The Committee membership should aim to offer appropriate representation from different geographical, clinical and professional backgrounds.

Please indicate which Special Interest Group you would like to join:

- Allergy
- Advocacy
- Cardiology
- Child Development
- Child Protection
- Child Health Managers
- Community Child & Youth Health
- Diabetes and Endocrinology
- Epidemiology
- Fetus & Newborn
- FRACP
- Gastroenterology and Hepatology
- Infectious Diseases and Immunisation
- Injury
- Nephrology
- Pacific Island
- Pain in Children and Adolescents
- Palliative Care
- Parent Information
- Pharmacists and Therapeutics
- Psychology
- Respiratory
- Scientific
- Surgical
- Transport
- Other (Please specify)

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