



## **ASSOCIATE MEMBERSHIP APPLICATION FORM**

This form is to be used by any person who is considering applying to become an **“Associate Member”** of Ngā Kaitiaki o Te Puna Rongoā o Aotearoa – The Māori Pharmacists’ Association Inc.

The definition of Associate Member and an introduction to the aims of the **“Association”** can be found on our web-site at, [www.mpa.maori.nz](http://www.mpa.maori.nz)

- ❖ **“Ordinary Members”** require a Māori whakapapa AND to be either a registered pharmacist, pre-registrant, or a student enrolled in a recognised course leading to either qualification.
- ❖ By comparison, **Associate Memberships** are for those individuals who don’t qualify for Ordinary Membership because either they don’t have a Māori whakapapa and/or they are not a registered pharmacist, nor a pharmacy intern, nor a student enrolled in a recognised course leading to either qualification. Additionally, they wish to support the aims and objectives of the Association.
- ❖ **Associate Membership of Ngā Kaitiaki o Te Puna Rongoā o Aotearoa – The Māori Pharmacists’ Association Inc. is a privilege conferred on an applicant by the Executive Committee of the Association. We welcome the input of all those who wish to support us in achieving our aims and encourage your participation, but choose to retain our own autonomy by controlling access to Associate Membership and defining the role that Associate Members can have in the Association. Associate Members are limited to a non-voting role by our constitution and the process of application is defined by established policies of the Executive Committee, as allowed for in our constitution.**



## Application Process

- ❖ The process for an Associate Member to apply for membership is very similar to that of an Ordinary Member, but with a few additional steps.
- ❖ Firstly, you have to fill out a standard Membership Application Form, available via our web-site, or by contacting the Secretary for a printed form, and in signing it you agree to abide by the rules of the constitution.
- ❖ Secondly, you are required to complete a brief questionnaire specifically for Associate Membership that follows on hereafter.
- ❖ Thirdly, an applicant seeking Associate Membership is required to find a sponsor who is willing to vouch for the intent of the applicant, and that sponsor needs to be an existing Member of the Association who is currently registered with the Pharmacy Council of New Zealand, but cannot be a current member of the Executive Committee. The role of the sponsor is to present the case for the proposed Associate Member to the Executive Committee. This is to be done by the sponsor writing a short e-mail or letter of support, 200 - 300 words, and sending it to the Executive Committee. They should detail the manner of their relationship to the applicant and why they feel they would be an asset to the Association.

### NAME AND CONTACT DETAILS OF YOUR NOMINATED SPONSOR

**NAME**.....  
**ADDRESS**.....  
**PHONE**.....  
**E-MAIL**.....

#### Fees

- ❖ The fee for Associate Members is currently set at \$20/year and is payable upon acceptance to the Association by the Executive Committee. The membership fee is payable only once membership has been accepted at the next meeting of the Executive Committee following receipt of both the standard Membership Application Form and the Associate Membership Questionnaire Form that follows:

#### Termination

- ❖ As specified in our constitution, on-going membership of any member, be they an Ordinary Member, Associate Member, Affiliate Member or an Honorary Member, can be terminated for failing to comply with the Rules of the Association or its policies, or acts in a manner that is harmful to the Association.





## Associate Membership Questionnaire Form

- ❖ **4). With-in your scope of practice or life experience, how will your involvement in the MPA be of benefit to your practice/life?**

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- ❖ **5. What do you hope to achieve personally by becoming an Associate Member of the MPA?**

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- ❖ *Thank you for taking the time to apply to be an Associate Member of Ngā Kaitiaki o Te Puna Rongoā o Aotearoa – The Māori Pharmacists' Association Inc. as we do value the opinions of the wider community.*
- ❖ *Please forward your responses to this questionnaire along with the name of your designated sponsor to the Secretary at the address on the MPA's web-site.*
- ❖ *Please be reminded that Associate Membership is not automatic upon application and all applicants must respect the decisions of the Executive Committee.*

