

# APPLICATION FOR MEMBERSHIP



MEMBERSHIP CATEGORY FULL  AFFILIATE  FRIEND  STUDENT   
 (Tick the relevant box)

## SECTION A: APPLICANT DETAILS

A1 TITLE  A2 FAMILY NAME

A3 OTHER NAME(S)

A4 DATE OF BIRTH  A5 GENDER

A6 POSTAL ADDRESS

A7 EMAIL ADDRESS

A8 PHONE CONTACT

A9 MARITAL STATUS  A10 HOME COUNTRY

A11 CITIZENSHIP  A12 PROFESSIONAL FIELD

A13 IF APPLYING FOR STUDENT MEMBERSHIP:

UNIVERSITY & PROGRAMME ENROLLED IN

STUDENT ID NO.

## SECTION B: PROFESSIONAL DETAILS

B1 AREAS OF COMPETENCE

B2 QUALIFICATIONS

QUALIFICATION/ DEGREE	UNIVERSITY/ INSTITUTE	YEAR GRANTED	AREA OF STUDY

B3 OTHER RELEVANT COURSES OR TRAINING

TRAINING	PROVIDER	YEAR

## SECTION C: EMPLOYMENT HISTORY

C1 CURRENT OCCUPATION

C2 NAME OF EMPLOYER  C3 PERIOD OF EMPLOYMENT

C4 PREVIOUS EMPLOYMENT

POSITION	EMPLOYER	PERIOD

## SECTION D: DETAILS OF PERSON SUPPORTING THIS APPLICATION

D1 FULL NAME  D2 OCCUPATION

D3 CONTACT  D4 SIGNATURE

D5 MEMBERSHIP NO. (FULL MEMBERS ONLY)

## SECTION E: STATEMENT OF PERSONAL CHARACTER

Have you ever been:		Yes	No
1	Convicted of a crime or offence (including conviction which is now removed from official record) before or since the date of your registration in Fiji or elsewhere?		
2	Charged with any offence that is currently awaiting legal action?		
3	Refused registration or dismissed from a legally registered body?		
4	Refused a practicing/membership certificate, had it suspended or cancelled in Fiji or elsewhere?		
5	Found guilty of unsatisfactory professional conduct in Fiji or elsewhere?		

**If you answered YES to any of the above questions, please provide all relevant details on a separate sheet**

## SECTION F: DECLARATION

I hereby declare that:

- All information submitted by me in all the sections of this application are true and correct. I understand that any misleading statement, or omission, may be cause for rejection of this application
- If deemed necessary, the Society can contact the relevant institutions or referees provided in the curriculum vitae attached to verify any information for the screening of my application
- If admitted as a member, I agree to abide by the Society's Constitution and Code of Ethics and Conduct, and any other rules or regulations adopted by the Society.
- I understand that my title, full name, and general contact telephone number may be released by the Society upon a written request.

APPLICANT SIGNATURE  DATE

### OFFICIAL USE ONLY:

Membership Number: \_\_\_\_\_  
 Date Joined: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_

## Supplementary Information

### MEMBERSHIP CATEGORIES

Membership commences on the 1<sup>st</sup> of January and ends on the 31<sup>st</sup> of December of the same year. **A one-time 50% fee is required to process your application which is addition to the annual membership subscription.** Membership categories are as follows:

Membership Category	Description	Fee (\$ FJD)
FULL MEMBERSHIP	<i>Recognised degree with a major in Psychology</i>	\$120 FJD
AFFILIATE MEMBERSHIP	<i>Recognised certificate or diploma with a strength in Psychology</i>	\$60 FJD
FRIEND OF THE SOCIETY	<i>An enduring interest in the discipline of Psychology</i>	\$25 FJD
STUDENT MEMBERSHIP	<i>A registered Psychology major student at a University</i>	\$10 FJD

The process for membership applications have been outlined in Article 1, Section 5 of the Society's Rules and By-Laws.

### REQUIRED AND SUPPORTING DOCUMENTS

Every individual applying to become a member of FPsS is required to submit scanned copies of the following:

- Completed FPsS Membership Application Form
- Certified copies of academic qualifications including full transcripts and certificates
- Full character reference if supporting full membership applicant (full members only)
- Current curriculum vitae including 3 referees
- Student membership applicants only - Proof of registration and enrolment
- Fiji residents only - Proof of citizenship (certified)
- Overseas nationals only – Certified copy of current work permit or visa conditions

### PRIVACY OF INFORMATION

1. We are committed to protecting your privacy, and the confidentiality and security of the personal information you provide.
2. The personal information you provide on this form will be used to:
  - Assess your eligibility for membership
  - Provide members with access to information about a range of benefits
  - Provide the Society with statistics related to membership
  - Identify your contact number, which may be disclosed to the public and other members within the Society
3. You have the right to access information held by the Society that relates to you, and to correct information, which is not accurate.

Please send your completed application form and all relevant supporting documents via email to:

The Secretary  
 Fiji Psychological Society  
[fjpsychsociety@gmail.com](mailto:fjpsychsociety@gmail.com)