



New Zealand Society of Translators and Interpreters
Te Rōpū Kaiwhakamāori ā-waha, ā-tuhi o Aotearoa

Application for Membership

Given Name:

Surname:

Preferred Titles (Mr Mrs Ms Miss Dr Prof Rev etc):

Native Language/s:

Working Languages (Translation) Source Language - Target Language	Qualifications¹ / Experience²

Working Languages (Interpreting) Language A - Language B	Qualifications¹ / Experience²

¹Qualifications in full, plus abbreviations. For degrees etc please state majors **relevant to Translation / Interpreting**. Please attach **certified** copies of relevant supporting documents.

²Extensive and well-documented translation or interpreting experience may be considered in special cases where academic qualifications are not available. For more information, contact the NZSTI secretary.

CONTACT DETAILS:

PREFERRED ADDRESS

Alternative address

Street address:.....
.....
Suburb:.....
City:
Postcode:.....
Country:.....
(Overseas applicants must have strong links to NZ or Australia)
Email:.....
Phone:.....
Mobile Ph:.....
Fax:.....
Website:.....

Street address:.....
.....
Suburb:.....
City:
Postcode:.....
Country:.....
(Overseas applicants must have strong links to NZ or Australia)
Email:.....
Phone:.....
.....
Equipment:.....
.....
(Fax, computer, specialised translation software etc)

SPECIALTIES: (Please tick appropriate boxes)

- | | |
|---|--|
| <input type="checkbox"/> General Translation | <input type="checkbox"/> General Interpreting |
| <input type="checkbox"/> Financial Translation | <input type="checkbox"/> Business Interpreting |
| <input type="checkbox"/> IT / Computing Translation | <input type="checkbox"/> Conference Interpreting |
| <input type="checkbox"/> Legal Translation | <input type="checkbox"/> Diplomatic Interpreting |
| <input type="checkbox"/> Literary Translation | <input type="checkbox"/> Education Interpreting |
| <input type="checkbox"/> Medical Translation | <input type="checkbox"/> Healthcare Interpreting |
| <input type="checkbox"/> Patent Translation | <input type="checkbox"/> Legal / Court Interpreting |
| <input type="checkbox"/> Scientific / Technical Translation | <input type="checkbox"/> Scientific / Technical Interpreting |
| <input type="checkbox"/> Other Translation..... | <input type="checkbox"/> Other Interpreting..... |
| | |

DECLARATIONS

- I agree to abide by the Constitution and the Bylaws of the Society and to pay the stipulated membership fee and entrance fee.
- I have read and agree to abide by the Code of Ethics of the Society.

Privacy Declaration:

- NZSTI must collect and store the above information for our purposes only. Our online searchable Directory is an **optional free service to members**.
- I wish to be included in the NZSTI online searchable directory.

(Signature of applicant)

_____/_____/_____
(Date)

Please send the completed application form and any supporting documents to:
The National Secretary, PO Box 109-677, Newmarket, Auckland 1149
Please do not send any payment now, you will be invoiced upon acceptance.