



**Student
Affiliation to NZAC**
For students who are enrolled in a
New Zealand Counselling
Programme

New Zealand Association of Counsellors



Te Ropu Kaiwhiriwhiri o Aotearoa

Please provide evidence from your Training Provider that you are enrolled
in a New Zealand Counselling Programme.

FIRST NAMES:	
FAMILY NAME:	
NAME YOU WISH TO BE KNOWN AS: (this will be on all documentation you receive)	
POSTAL ADDRESS	
POST CODE:	
HOME PH:	
MOBILE:	
EMAIL ADDRESS:	

Name of Training Provider: _____

Training being undertaken: _____

Level of training completed: _____

As a Student Affiliate you are entitled to all material normally sent out to Members and
Provisional Members of NZAC both locally and nationally

As a Student Affiliate you are **NOT** bound by the Code of Ethics of this organisation.

NZAC does **NOT** take responsibility for your practice

NZAC, Box 165, Hamilton. 3240

www.nzac.org.nz

Payment Options:

Student Affiliate Fee is:

\$30

Please complete the form below and send it in with the Student Affiliate Form.

FIRST NAME	
FAMILY NAME	

There are 3 Options for payment:

	Payment Options	Reference Code	Tick which option chosen
You can pay by direct debit to:	NZAC National Bank Account Number: 060569 0127620 00	Write your FULL NAME in the reference code	
Cheque	Made out to "NZAC"		
Credit card	Fill out the section below		

Credit Card

Please debit my: Visa MasterCard American Express card (circle one)

My Card number is:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date:

--	--	--	--	--

AMOUNT TO CHARGE \$ _____

Name on Card: _____

Signature: _____

Tick the box if require a receipt for your assessment fee: