



**SUBSCRIBER
REQUEST
TO
NZAC**

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:	

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

As a Subscriber you are **NOT** bound by the Code of Ethics of this organisation.
NZAC does **NOT** take responsibility for your practice.

Financial year	\$65
Half financial year from October 1	\$32.50

NZAC, Box 165, Hamilton 3240

Payment Options:

(Circle 1)

Subscriber Fee is: **\$65.00**
 Half year from October 1 **\$32.50**

Please complete the form below and send it in with the Subscriber 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:

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Expiry Date:

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AMOUNT TO CHARGE \$_____

Name on Card: _____

Signature: _____

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