



2019

Date received
(Official use only)

Application for an Extension to Provisional Membership

Please complete the following application form if you are unable to upgrade to full Membership within 5 years of being granted Provisional Membership.

Please send this form to the Membership Manager **before** the 5 year limit has been exceeded. Return to:

Debbie North
Membership Manager
membership@nzac.org.nz
PO Box 25154
Wellington 6146

Name	
Membership Number	
Address	
E-mail Address	
Home Phone Number	
Mobile Number	
Date Provisional Membership Granted	
Number Of Counselling Hours Completed To Date	
Number Of Group Facilitation Hours Completed To Date (If Applicable)	
Number Of Supervision Sessions Completed To Date	

Reason For Extension

Please write a clearly detailed statement outlining your reasons for an extension or attach a typed statement (no more than one page).

Extension Time Requested _____ / _____ / _____
DD MM YYYY

Corroborative Evidence

Please supply a written statement from your Supervisor / Employer / Medical Practitioner to support your application.

Signed	
Date	