

Date received



2018



Affiliation to NZAC

For students who are enrolled in a New Zealand
Counselling Education Programme
To a minimum of NZQA approved Level 6

First Name(s):	
Family Name:	
Name you wish to be known as: (this will be on all documentation you receive)	
Postal Address:	
Town:	
Post Code:	
Home Phone:	
Mobile:	
Email Address:	

New Zealand Counselling Education Programme.

Name of Education Provider: _____

Counselling qualification being undertaken: _____

Level of education/training completed so far: _____

**Please provide a letter from your Education Provider that
you are currently enrolled in a New Zealand Counselling
Programme.**

As a Student Affiliate, you are entitled to all material sent by NZAC both locally and nationally.

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

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

You are **NOT** allowed to refer to NZAC in any material

NZAC, PO Box 25154 Wellington 6146

www.nzac.org.nz

Date received	
---------------	--

Payment Options

The financial year is April 1 – March 31

Student Affiliate Fee is

\$40 incl GST
After October 1 (\$20.00)

Please complete the form below and send it in with your application.

First Name(s):	
Family Name:	

There are 3 payment options (Tick which option chosen)

*Direct Debit option: Please follow instructions accurately and make payment at the time of your application. Failure to do this will delay your application.

Option 1: You can pay by Internet banking

Account name: NZAC

Account number: 06 0569 0127620 000

Reference: Code: Write your Family Name and Initials in the reference code (e.g.BLOGSJ)

Option 2: Cheque

Made out to "NZAC"

Option 3: Credit Card (Please circle the relevant one)

Please debit my: Visa MasterCard American Express Card

Card number:

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

Expiry Date:

--	--	--	--	--

Amount to charge: \$ _____

Name on Card: _____

Tick the box if you require a receipt