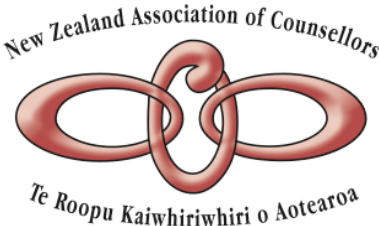




**2019**



## Affiliation to NZAC

**For students who are enrolled in a New Zealand  
Counselling Education Programme  
To a minimum of NZQA approved Level 7**

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 6140  
[www.nzac.org.nz](http://www.nzac.org.nz)

Date received (Official use only)	
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## 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)

Option 1: 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:

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Expiry Date:                      

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Amount to charge:        \$ NZ \_\_\_\_\_

Name on Card:                      \_\_\_\_\_

Tick the box if you require a         receipt

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

Post this form together with all associated documents to:

**NZAC, PO Box 25154, Wellington 6140**