



2017

## Affiliation to NZAC

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



USUAL NAME	
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:	

### 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](http://www.nzac.org.nz)

**The financial year is April 1 – March 31**

## Payment Options

**The financial year is April 1 – March 31**

Student Affiliate Fee is: **\$40**  
 After October 1 (\$20.00)

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

<b>FIRST NAME</b>	
<b>FAMILY NAME</b>	

There are 3 Options for payment:

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

	Payment Options	Reference Code	Tick which option chosen
You can pay by direct debit to:	NZAC National Bank Account Number: 06 0569 0127620 00	*Write your <b>Family Name and Initials</b> in the reference code Example: (BLOGS J)	Date payment made into NZAC account.  _____
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: