



NZAC SUBSCRIBER REQUEST 2015/16

NZAC, PO Box 25154
Wellington 6146

This category is either for Organisations with an interest in Counselling or
Individuals with an interest in counselling who are not in any form of practice.

FIRST NAMES:	
FAMILY NAME:	
ORGANISATION NAME (If applicable)	
POSTAL ADDRESS	
POST CODE:	
EMAIL ADDRESS:	
CONTACT PHONE NUMBER	
WEBSITE (If applicable)	

Declaration for individuals seeking subscriber status:

I declare that I am not in any form of counselling practice (paid or voluntary)

Name: _____

Signature: _____

Date: _____

As a Subscriber you are entitled to all material sent out to Members and Provisional Members
of NZAC both locally and nationally.
As a Subscriber you are **NOT** bound by the NZAC Code of Ethics.
You are **NOT** allowed to refer to NZAC in any material

The financial year is April 1 – March 31

Payment Options

Subscriber Fee is:
Financial year is April 1 – to March 31

\$80.00

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

USUAL NAME	
FAMILY NAME	

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 Family Name and Initials 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