

# NEW ZEALAND CHRISTIAN COUNSELLORS ASSOCIATION

## AFFILIATE SUBSCRIPTION APPLICATION 20\_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

Phone: Hm \_\_\_\_\_ Wk \_\_\_\_\_

Email: \_\_\_\_\_ Mob: \_\_\_\_\_

Ethnicity:

<input type="checkbox"/>	European (Pakeha)	<input type="checkbox"/>	Maori
<input type="checkbox"/>	South African	<input type="checkbox"/>	Pacific Island
<input type="checkbox"/>	Korean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Other: _____		

***I have:***

- 1. read the Code of Practice and Ethics of the NZCCA
- 2. read and agree with the Rules of the NZCCA.
- 3. included with this application a \$150.00 (incl GST) fee.

PLEASE NOTE: If applying to be an Affiliate after

- 1 January the fee is \$99.00 (incl GST)
- 1 April the fee is \$50.00 (incl GST)

**Subscription year is from 1 July to 30 June**

- I consent to my name and address being supplied to people offering seminars within New Zealand on the understanding that my name will be supplied only for that mailing list and not passed on to other mailing lists.

Signed \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

### Payment Options:

There are 2 Options for payment:

- Internet or phone banking  
to: NZCCA  
ASB Ponsonby  
Account No: 12 3012 0806750 00

Write your **FULL NAME** in the reference code and **APPLICATION** in particulars

**Please note:** Payment by internet or phone banking must be received before this application will be processed.

- Cheque made out to "NZCCA" included with this application.