

NEW ZEALAND CHRISTIAN COUNSELLORS ASSOCIATION

AFFILIATE SUBSCRIPTION APPLICATION 2018



Name: _____

Address: _____

Town/City: _____ Postcode: _____

Date of Birth: ____/____/____ Place of Birth: _____

Phone: Hm _____ Wk. _____ Mob _____

Email: _____

Ethnicity: _____

Iwi Affiliation: (if relevant) _____

Languages Spoken: _____

This information will be stored on the NZCCA office database only.

I have:

- read the Code of Practice and Ethics of NZCCA
- align myself with the Rules of NZCCA and the Code of Practice and Ethics of NZCCA
- included with this application my payment of \$_____.

Fees (Subscription year runs July to June):

1 July- 30 June \$100 (inc. GST)

If joining after:

1 October – 30 June \$75 (inc. GST)

1 January - 30 June \$50 (inc. GST)

1 April - 30 June \$25 (inc. GST)

Please note that the annual subscription fee thereafter is \$100 (inc. GST).

I consent to my name and address being added to the NZCCA regional and national databases for information related to the counselling profession which may be of interest to me.

Signed: _____

Date: ____/____/____

Payment Options:

There are 2 Options for payment:

- by internet banking (preferred option)
NZCCA Account No: 12 3012 0806750 00
Write your **FULL NAME** in the reference code and **Affil App** in particulars.
- Cheque made out to "NZCCA" included with this application.
(Payment by cheque will incur an additional \$5 cheque handling fee.)

Return to: NZCCA, PO Box 97-073, Manukau, Auckland 2241

Ph: 09 361-4183, Email: info@nzcca.org.nz