

**NEW ZEALAND CHRISTIAN COUNSELLORS ASSOCIATION**

**AFFILIATE SUBSCRIPTION APPLICATION 2019**



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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**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](mailto:info@nzcca.org.nz)**