



THE NEW ZEALAND ASSOCIATION OF

registered beauty therapists  
INC.



PO Box 62528, Greenlane, Auckland 1546

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## STUDENT Membership Application

Please complete this form (ensuring all sections are completed) and send to the Association Secretary at the above address together with a cheque (or credit card details – NB \$5 processing fee applies) **for \$40.00** (GST inclusive). **Student membership expires at graduation** and is payable yearly.

### PERSONAL DETAILS:

First Name: ..... Last Name: .....

Home Address: .....

..... Post Code: .....

Telephone (home): ..... (mobile) .....

Email Address: .....

Alternative Contact (eg next of kin): .....

Address: .....

Telephone (hm): ..... (wk) ..... (mob) .....

**I am currently undertaking study towards a qualification in Beauty Therapy / Beautician / Nail Technician at the following Training Establishment:**

.....

I hereby apply for election as a student member of the New Zealand Association of Registered Beauty Therapists Inc. and declare that the statements made by me above are correct.

**Signed:** ..... **Date:** .....

### TRAINING ESTABLISHMENT: Principal/Head of Training Establishment to complete this section

I verify that ..... is currently undertaking study towards a qualification in Beauty Therapy at ..... (name of College/Institute)

**Signed:** ..... **Date:** .....

**Principal / Head of Training Establishment**

**(NAME – Please print)** .....

**Course Commencement Date:** ..... **Course Completion Date:** .....

### OFFICE USE ONLY:

Date accepted as Student Member: .....

Signed Association Secretary: .....

Expiry date of Membership: .....