



THE NEW ZEALAND ASSOCIATION OF

registered beauty professionals  
INC.



PO Box 62528, Greenlane, Auckland 1546  
Tel: (09) 579 9704 • Email: info@beautynz.org.nz • www.beautynz.org.nz

## STUDENT Membership Application

Please complete this form (ensuring all sections are completed) and send to the Association Secretary at the above address. Student membership is free and entitles you to receive electronic copies of the BeautyNZ magazine. If you prefer to receive a hard copy of the magazine the fee is \$40.00. **Student membership expires at graduation.**

### 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 Professionals 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: .....