



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 hand back to the visiting Area Rep. Student membership is \$10 and entitles you to receive electronic copies of the BeautyNZ magazine, a student badge and Association pen. 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 the qualification:.....

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 to complete this section

I verify that is currently undertaking study towards the qualification

(incl. title and level of qualification):.....

at:.....(name of College/Institute)

Signed: Date:

Principal / Head of Training

(NAME – Please print) Position held

Course Commencement Date: Course Completion Date:

OFFICE USE ONLY:

Date accepted as Student Member:

Signed Office Manager:

Expiry date of Membership: