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

Membership Application

☐ Full Beauty Professional ☐ Clinic Member ☐ Associate

We are pleased to invite you to become a member of the New Zealand Association of Registered Beauty Professionals Inc.

As a member of the Association, you will join an industry body that is dedicated to maintaining professionalism and standards.

To join, simply fill out all sections of this form and return it to us.

Please allow up to 4 weeks for processing. All applications are approved by our Executive Committee which meets monthly.

NB: If you are applying for membership with overseas qualifications, please note that we only accept applications with recognised qualifications in New Zealand such as CIDESCO, ITEC, CIBTAC or Full Beauty Therapy with electrics (provided we have copies of such qualifications from your Training Institute.)

PERSONAL DETAILS

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

Home Address: .....

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

Telephone (bus): ..... (hm) .....(mob) .....

Email Address: .....Fax: .....

Are you a clinic owner ☐ or an employee ☐ *(please tick)*

Do you operate an IPL Machine Yes ☐ No ☐

Were you previously a member Yes ☐ No ☐ If so, under what name .....

Former membership no. (if known) ..... or year joined .....

Were you previously a student member Yes ☐ No ☐

CLINIC DETAILS

Clinic Name: .....

Clinic Address: .....

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

Email Address: .....Telephone: .....

EMPLOYMENT DETAILS

Clinic Name: .....

TRAINING DETAILS

Name of Training Provider: .....

Address: .....

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

Full Time Part Time Commencement Date: ..... Completion Date: .....

Qualification/s gained: .....

IPL Qualifications gained: .....

Safety Certificate IPL Yes ☐ No ☐ *(please tick)*

* Continued over page

FULL BEAUTY PROFESSIONAL MEMBER

Minimum requirement is a recognised NZ or International qualification in the Beauty Industry.

CLINIC MEMBER

A staff member of a current registered NZARBP member. A recognised NZ or International qualification in the Beauty Industry.

Photocopies of the above qualification/s must be submitted with your application as evidential proof in order for this application to be processed. Photos are accepted.

ASSOCIATE MEMBER

Please supply a letter stating the way in which you are affiliated to the Beauty Therapy industry and a short profile of your business.

I certify that all statements made by me are true and correct. As an NZARBP member, I will familiarize myself with the Health & Hygiene Guidelines and Rules and Regulations of the New Zealand Association of Registered Beauty Professionals Inc. These can be found under the education link on the Association website: www.beautynz.org.nz

I agree to abide by and uphold the NZARBP Health & Hygiene Guidelines, the Rules and Regulations and Code of Ethics in my work and teaching for the good of the profession in the Beauty Industry.

If, for whatever reason, I resign from the NZARBP, I agree to discontinue displaying the Membership Certificate, wearing the NZARBP badge, and to refrain from using the Association's members letters (MNZARBP) after my name or using the NZARBP logo when advertising, or discontinuing using such entitlements according to my level of membership as outlined in the Rules and Regulations.

Signed by Applicant: ..... Date: .....

CHECK LIST

Prior to submitting, please check the following to ensure your application can be processed:

- ALL details are completed
- Photocopies of ALL qualifications are attached as evidential proof
- The form is signed and dated

OFFICE USE ONLY

Date received by Association Secretary: .....

APPLICANT'S QUALIFICATIONS

NZ Training Provider: .....

Qualification: .....

CIBTAC ..... NZQA .....

CIDESCO ..... CITY & GUILDS .....

ITEC ..... OTHER .....

IHBC / VTCT .....

AUTHORISED BY

Membership Coordinator **President**

Name: ..... Name: .....

Signature: ..... Signature: .....

Date Accepted: ..... Applicant approved as ..... Member