

Affix attachments listed in Section 5 HERE
NB; Applications without correct documentation attached will be returned

Membership Renewal Form 2011/12 Associate



Massage New Zealand Inc | PO Box 4131 | HAMILTON EAST 3247 | membership@massagenewzealand.org.nz | Telephone: 0800 367 669

Please print clearly. Optional details are marked with an asterisk.

SECTION 1 : PERSONAL DETAILS (NB: This information will *NOT* be included in the MNZ Website)

First Name: **Last Name:**.....
Ph (home): **Residential Address:**
Mobile: **Street and No:**
Fax: **Suburb / RD**
Email:..... **City:**
Male **Female** **Postcode:**

SECTION 2: MEMBERSHIP LEVEL

Associate \$145 \$

Associate level is for therapists who do not have the required qualifications for registration at CMT or RMT level.

SECTION 3: AAMT MAGAZINE

AAMT Magazine \$60 (4 x issues per year: winter, spring, summer, autumn) \$

TOTAL: \$

SECTION 4 : PAYMENT OPTIONS

Please tick one of the following methods of payment:

- ◇ Crossed cheque, made out to Massage New Zealand
- ◇ Internet banking to: MNZ, ASB A/c 12 3178 0064216-00 Date paid:
- ◇ Please charge my Credit Card No: Expiry date:

Card Holder Name: Card Holder Signature:

SECTION 5 : CHECKLIST OF ATTACHMENTS

I am enclosing the following with my completed and signed form: *(Please tick)*

- ◇ Renewal subscription fee
- ◇ Copy of current First Aid Certificate RMT/CMT

Please Note: Renewals which do not have ALL of the above attached will be returned

Signature of Member: Date:20.....