

NATIONAL COUNCIL OF HOME EDUCATORS NZ INC  
**Application for Individual Membership**

Name:

Address:

Occupation:

(NB: This information is a legal requirement)

Telephone:

Email:

(NB: Where possible correspondence between NCHENZ and its members will be by way of email.)

**Application for Additional Membership**

(NB: Additional Members must be a spouse/partner or child over the age of 18 of the member listed above. They must reside at the same address.)

Name:

Occupation:

Name:

Occupation:

I/We wish to join NCHENZ and agree to abide by the constitution and support the objectives.

I/We understand that my/our names and details will be entered onto a Contact Directory for members' use only, unless I/we otherwise indicate, and that if we claim the Group-link discount you may verify my/our membership with that group.

I/We are aged 18 years or over.

Signature/s:

Enclosed is payment totalling as detailed below:

<b>Individual Membership of NCHENZ</b>	<b>or</b>	\$10.00
<b>Membership with Group Link Discount</b>		\$ 5.00
(See <a href="http://www.nchenz.org.nz">www.nchenz.org.nz</a> member group page for current qualifying groups)		
<b>Additional Family members</b>		\$ 1.00
<b>Donation</b>		\$
<b>Total</b>		\$ ___

Please return this form along with your payment to  
**National Council of Home Educators NZ Inc**  
**PO Box 80144**  
**Riccarton**  
**Christchurch**