

**NATIONAL COUNCIL OF HOME EDUCATORS NZ INC**  
**Application for Group Membership/Affiliate Status**

Name of Group:

Address:

Telephone:

Email:

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

Approximately how many members does your group have?

We would like our group's contact details included on the NCHENZ website. YES NO  
(If yes, please indicate exactly what contact details you would like us to post on the NCHENZ site.)

Name of Contact Person:

Email:

We are applying for group membership **OR** affiliate status. (Please circle one only)  
(Only incorporated societies are eligible for full membership status. This is a legal restriction. Other groups may apply for affiliate status.)

We wish to join the NCHENZ and agree to abide by the constitution and support the objectives. We understand that our names and details will be entered onto a Contact Directory for members' use only, unless we otherwise indicate.

Signature/s:

Please return this form along with your payment of  
\$10 for affiliated group membership  
\$25 for incorporated group membership

to the National Council of Home Educators NZ Inc  
PO Box 80144  
Riccarton  
Christchurch