

NATIONAL COUNCIL OF HOME EDUCATORS NZ INC

Application for Individual Membership

First Name: _____ Surname: _____

Address: _____

Occupation: _____ Telephone: _____

Email: _____

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

Are you happy for your name to be published on the website as being a member of NCHENZ?

Yes / No

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.)

First Name: _____ Surname: _____

Occupation: _____

First Name: _____ Surname: _____

Occupation: _____

Declarations

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: _____

Date: _____

PAYMENT : Membership is free. We do ask that you join in our fundraising efforts where possible and consider making a donation

Donation \$ _____

Student id cards..... \$ _____

Total \$ _____

Method of payment:

Internet banking/cheque/cash (**please circle one**)

If paying via internet banking, our account details are:

National Council of Home Educators NZ

01 0504 0009447 00

Please return this form to: National Council of Home Educators NZ Inc ,PO Box 80144, Riccarton, Christchurch 8440

If paying by internet banking, please include your surname and initial as an identifier. We take no responsibility for tracking down anonymous payments

Student ID cards: Please see the information on the website :

www.nchenz.org.nz/join-us/student-id-cards/