

**NEW ZEALAND TUTORING
ASSOCIATION LIMITED**



Membership Application Form

Please complete details fully and accurately and send to

c/o Dr Ralph Wesseling
New Zealand Tutoring Association
Public Officer
PO Box 9450
Newmarket,
Auckland 1149

Members Tutoring Organisations and Teachers

- I agree to adhere to and abide by the NZTA Code of Conduct, the aims and goals of the NZTA and the NZTA Constitution
- I understand that failure to adhere to or abide by these requirements may lead to disciplinary action and expulsion from the NZTA
- I understand that in applying for membership to the NZTA I declare that I have not been convicted and have no current or pending charges in any jurisdiction (domestic and abroad) of any offence involving a child or children.

I warrant that none of our tutors have any prior, current or pending charges relating to offences against a child or children in any jurisdiction (domestic and abroad)

The information I have provided is truthful, accurate and current.

Any changes to the above must be notified to the NZTA within 30 days of that change occurring.

Full name (please print) _____

Signed _____

Date _____

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Membership Application Form

Membership (please photocopy and fill out a separate form for every site)

Name of Tutoring Organisation _____

Location of Office _____

Postal Address _____

_____ **Postcode** _____

Web Address _____

Name of Contact Person _____

Title _____ **Phone** _____ **Mobile** _____

Fax No _____ **Email Address** _____

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Payment Options

The NZTA accepts cheques:

Choose either:

Member

Annual fees

\$125

I have enclosed a cheque for _____ (amount) payable to the
New Zealand Tutoring Association Limited.

Alternatively

Direct Deposit into NZTA Bank Account and fax through application form

ANZ 010170 0165211 00

Please make sure you include reference so we can match up the deposit with your
application form.