

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.....