



Student Application Form

Family / Surname (Mr, Mrs, Miss, Ms).....First name

English Name /Name called by.....

Postal Address.....

..... Post Code.....

Home Phone..... Mobile.....

Email.....

Alternate Address (home or parents).....

..... Post Code.....

Date of Birth...../...../..... Place of Birth.....

For those born overseas

Date of New Zealand Residency/...../..... Date of New Zealand citizenship...../...../.....

Length of time in New Zealandyrs.....mths Are you currently working? Yes / No

STUDY OR TRAINING DETAILS

Name & full address of College or Institute.....

.....

Year training commenced: Anticipated year of graduation.....

Signature..... Date...../...../.....

(College Manager/ Principal)

DECLARATION. I declare that the above information is true and correct in every respect,

Signature..... Date...../...../.....

(Applicant)



Use of Acupuncture NZ Library (Optional)

The Acupuncture NZ Library is located at the Acupuncture NZ office, 30 Queens Drive Kilbirnie. Items may be collected directly from the office or sent via courier post.

I choose to have access to the Acupuncture NZ library and will pay the \$60 fee via internet banking.

Library Declaration

I,understand that:
(given/first name) (family/surname)

1. I am responsible for the safe and timely return of any books, articles, videos, CD's and DVD's that may borrow from the Acupuncture NZ library.
2. The postage costs for any loaned items sent to me will be deducted from the \$60 for library fees/ bond I pay when joining Acupuncture NZ as a student member.
3. When/if I become a Full or Associate member of Acupuncture NZ I may choose to have any remaining funds credited toward my membership fee or returned to me.
4. Should any items borrowed by me from the Acupuncture NZ library be damaged or lost I will be liable for the full replacement cost of that item.

Signature.....

Date...../...../