

**NEW ZEALAND
HOLISTIC ANIMAL THERAPISTS ASSOCIATION
(Inc)**

MEMBERSHIP APPLICATION

SUBSCRIPTION YEAR - 1 April - 31 March

NAME:

ADDRESS:

Phone:

Fax:

Email:

Occupation:

NZHATA is an affiliated member of the NZ Charter of Health Practitioners representing the natural therapies used in the treatment of animals

Membership applied for: (please tick one)

- Professional
- Standard
- Student

Send no money now, you will be invoiced

Is a Receipt required? Yes/ No

Privacy Act

Information supplied to NZ Holistic Animal Therapists Association (Inc) on this form is to be used only in connection with club membership and may not used for any other purposes unless authorised below.

* I authorise NZHATA to put my details on a contact list for:

Other Members / Non-Members

(Please circle that which is applicable)

* Unlisted addresses and phone numbers are available only to the Executive Committee members

Please send your completed Membership Form to:

NZHATA
PO Box 186
Whangaparaoa