NZANLP Inc.
New Zealand Association of Neuro Linguistic Programming

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New Member Application Form

Please fill in both columns, printing clearly with a ballpoint Pen

Mr. Mrs. Miss. Ms. Prof. Dr. (please circle one)

First Name/s:----------

Last Name:----------

Email: ----------

Address: ----------

Postcode: ----------

Phone: (ah) ---------- (bus) ----------

Mobile: ----------

Your Qualification:

❑ NLP Practitioner ❑ NLP Master Practitioner

❑ NLP Trainer ❑ NLP Master Trainer

❑ No NLP Qualification

(Please attach copies of Certificates)

Training organisation you trained with:

Name of your certifying trainer:

Address of training organisation/ or website:

Number of hours /days of your training in classroom, with direct trainer contact:

Evaluation process (e.g. case studies, written exam, ongoing)

Associated Trainings (e.g. Hypnotherapy; Counselling; Coaching)

Membership Applying For:

❑ Practising Member* ---- $100

❑ Associate*---------- $100

❑ Affiliate* ---------- $70

Please refer to the Membership Booklet re membership categories.

Please note 2nd and subsequent family members receive a $20 discount on membership.

*Practising Members only may advertise their membership of NZANLP by using the abbreviation MNZANLP after their name. Other members may NOT advertise their membership of NZANLP.

Include my details in the NZANLP members Networking List: **Yes** ❑ **No** ❑

Make my details available online to those enquiring of NLP Consultants in my region (Practising Members only): **Yes** ❑ **No** ❑

Areas You Use Your NLP Skills:

❑ Business / Consulting
❑ Coaching
❑ Counselling / Therapy
❑ Education / Training
❑ Fitness / Sports
❑ Health
❑ Spirituality
❑ Supervision / Consultative Support (you provide it)

❑ Other:----------

I, the undersigned, certify that the information herein is correct. I agree that in the event of my acceptance to Membership of the Association, I will abide by the Constitution and the Code of Ethics of the New Zealand Association of NLP, Inc. provided that upon resignation in writing I shall be free of this obligation.

(NZANLP Constitution and Code of Ethics can be viewed at www.nzanlp.org.nz/members/?constitution,22)

Signature: ----------

Date: ----------

When Complete, please send to :

NZANLP, PO Box 99210, Newmarket, Auckland 1149, NZ

Or **Email** form with scanned Certificates to info@nzanlp.org.nz

Web : www.nzanlp.org.nz

Please ensure you have attached:

❑ Copies of Training Certificates
❑ Cheque made to NZANLP or
❑ Pay Online to NZANLP Act No: 03-0255-0037155-00