



NZACH Membership Application Form

Business Name:

Business Address:

Business Phone number:

Business Email:

Applicant's Name:

Address:

Phone Number:

Email:

Best Contact (please circle): Email / Phone

Qualification(s):

Date(s) of Qualification:

Please tick the membership category you are applying for:

Professional (\$150)

Student (\$50 p.a)

I have included /attached:

Copy of listed qualifications above Number of pages: _____ Copy of additional training required for membership to be accepted. Number of pages: _____ Copy of working documents for professional membership to be accepted. Number of pages: _____

I consent to the following private information being shared within the Membership group: (please tick if this is ok) First and Last

Name

Phone number

Email

Business name

New Zealand Association of **Canine Hydrotherapists**



I consent to the following private information being shared Publicly: (please tick if this is ok)

First and Last Name

Business Name

Business Phone number

Business Email

Business address

I certify I am over 18 yrs of age and have provided correct details in my application. I confirm, that if accepted, I agree to abide by the NZACH code of conduct and behave in such a manner as to not bring the NZACH into disrepute. Any and all case material shared within the association via all means, (included, but not limited to; facebook, email, in person or via phone), will be regarded as confidential information unless explicitly indicated in writing. I have read and understood the NZACH policies to which I will adhere. I have read and agreed to the complaints procedure. I hold my own indemnity insurance and acknowledge the association is not liable or responsible for my actions and is not financially liable in the case of complaints made against me for any matter.

I understand my annual membership fees are due upon acceptance. Renewal information will be sent out one month prior to the due date. I understand only full professional members with current membership are able to display the membership tick. Please refer to the full membership requirements to ensure you have completed all required paperwork for application to be processed efficiently.

Name:

Signature: Date: