

New Zealand Register of Holistic Aromatherapists (NZROHA)



**APPLICATION FOR NZROHA ASSOCIATE FRIEND MEMBERSHIP**

“Individuals, organisations or businesses that wish to become a member of NZROHA, and be involved in the professional Aromatherapy community in New Zealand.”

Name:

Address:

Telephone:

Email:

Website:

Organisation or Business Name: \_

**Declaration**

The NZROHA collects this information as part of the membership application procedure according to NZROHA Rules 3 and 4. The NZROHA Executive Committee and Registration Board members have access to the information for NZROHA membership application purposes only.

Upon your membership acceptance to the NZROHA, contact details will be available for Register purposes to the Executive Committee, Registration Board, Regional Representatives, and for the purpose of Journal distribution, to the Journal Editor.

***I have read, and understand, the NZROHA Rules, Code of Ethics, Code of Practice, and Membership Policy.***

***I solemnly declare that all details are correct and I shall comply with and uphold the rules and regulations of the NZROHA Inc.***

Signed: ..... Date: .....

(Print name) ..... Email .....

New Associate Members are admitted to the Register upon:

- Approval of application,
- Receipt of the annual membership subscription \$85.00.

**SPECIAL NOTES:**

**Application forms will be retained by the Register.**

**Please send your application form and cheque to:**

**NZROHA Secretary, P O Box 18-399, Glen Innes, Auckland 1130**

**You may pay your application fee via internet banking to :-**

**NZROHA ASB Henderson 12 3039 0017356 00 Please ensure that your name is included for reference.**

**Paid by internet banking (.....) Date**

**Do you wish to receive the Sharing Aromatherapy magazine in print .....**

**or as an online magazine ..... ( Please tick option preferred)**

**office use only**

Date received	Payment	Database	Website	Letter
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