

**NEW ZEALAND REGISTER OF HOLISTIC AROMATHERAPISTS INC.
PO Box 18.399 Glen Innes Auckland**



APPLICATION FOR PROFESSIONAL MEMBERSHIP

Name:.....Date of Birth.....
 Address:.....
 Post Code:.....Telephone (Day Time Contact).....
 E-Mail:.....Website:.....
 Aromatherapy Training Course.....
 Course Commencement date.....Date Diploma received.....
 Anatomy & Physiology Course.....
 First Aid Course..... Expiry Date.....
 Additional professional qualifications/areas of expertise:

I solemnly declare that the above details are correct. I have read the Code of Practice, the Code of Conduct and Conditions of Membership and agree to abide by them. Please initial:.....
 I enclose copies of my qualifications and I enclose payment for the appropriate fee as indicated on the remittance slip enclosed within the information pack.

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

I agree to have my name, telephone number and area listed in the Register Journal which is distributed to NZROHA members, on The Register Website and to the public: YES / NO (Please circle one.)
 I would like to be sent to application form for joining the NZ Charter of Health Practitioners YES/NO (Please circle one)
 I would like to receive the quarterly NZROHA Journal **by hard copy / email** (Please circle one)

Please return this completed form to the NZROHA together with:

- ❖ **A copy of your Aromatherapy Diploma, Anatomy & Physiology Certificate, and/or Massage Certificate and current First Aid Certificate, (or equivalent)**
- ❖ **\$45 application fee:** Fee must be enclosed to allow your application to be processed by a Registration Board member.
- ❖ **Annual Membership fee \$135.** This will only be processed once your application is accepted. Should you apply after October 1st, \$70 is the applicable fee
- ❖ Should you choose to send funds via internet banking please ensure your name is included on our bank statement and include the date of banking here

- ❖ Account details :- NZROHA ASB Henderson 12 3039 0017356 00
- ❖ A written confirmation of support from a current NZROHA professional member

FOR OFFICE USE ONLY

| | | |
|-------------------|-----------------------|---------------------|
| Fees Paid: | Insurance: | Register: |
| First Aid: | Journal | Website |
| Upskilling | Address Labels | Certificate: |