



APPLICATION FOR NZROHA PROFESSIONAL - MATERNITY LEAVE

Name:

Home Address:

Phone:

Fax:

Email:

I request one year maternity leave from NZROHA Professional Membership.

I understand I am entitled to exemption from 10 hours Professional Development and a fee reduction to the Associate Fee.

My maternity leave will be effective from: _____

Signed _____

Date: _____

Print name _____

Please mail or email this form to: NZROHA Secretary
P O Box 18 399
Glen Innes
Auckland 1743

Email : nzroha@aromatherapy.org.nz

Office Use Only

Maternity Leave Approved: Yes/No Date Approved:
Date Applicant Notified: