



APPLICATION FOR NZROHA RETIRED PROFESSIONAL MEMBERSHIP

“NZROHA Professional Aromatherapist retired from practice”

Name:

Home Address:

Phone:

Fax:

Email:

I declare I have retired from professional practice and I wish to apply for “Retired Professional Membership.”

I understand to retain professional voting rights at AGM or General Meetings and to retain my membership I am required to pay the annual associate membership subscription fee.

Should I return from retirement I understand that I need to satisfy the requirements for Re-registration of Lapsed Professional Members - Rule 5 (iv).

I will also need to submit evidence of a minimum 20 hours of up-skilling and provide a copy of a current first aid certificate complying with NZQA unit standard requirements.

Signed _____

Date: _____

Print name _____

Office Use Only

Retired Professional Leave Approved: Yes/No

Date Approved:

Date Applicant Notified