



Play Therapy New Zealand

Membership Application & Renewal Form (All Categories)

The information given below is for new or renewal

of PTNZ membership at the level of: _____

Your contact details:							
<i>Full name & title:</i>							
<i>Address:</i>							
Organisation (if applicable)							
Building/number/street							
City/Town							
State/County							
Postcode/Zipcode							
Country							
		Country Code	STD/Area Code	Number			
Telephones (Home)							
(Office)							
(Mobile)							
(Fax)							
Email Address							
Grade applied for: (please circle one only)	Trainee	Practitioner	Full Member - Certified	Full Member - Accredited	Approved Supervisor	PTI Certified Supervisor (if not already full member)	Associate Member
	NZD\$80	NZD\$140	NZD\$160	NZD\$180	NZD\$100	NZD\$160	NZD\$100

Academic Background				
	<i>Specialisation/ Course Description</i>	<i>Awarding Institution</i>	<i>Level of Award</i>	<i>Date Awarded</i>
1				
2				
3				
4				
Practice and Employment Record (if relevant):				
	<i>Brief Job Description</i>	<i>Organisation</i>	<i>No Hours Clinical Contact with Children</i>	<i>Dates</i>
Please concisely give any other information you feel is relevant to this application:				

In making this application I acknowledge that if accepted as a Member of Play Therapy New Zealand and I work therapeutically with children, I will fully comply with an ethical framework or code of ethics recognised by PTI. I further state that all statements made in this application are true.

Signature: _____ Date: _____

I enclose my annual membership fee payable to "Play Therapy New Zealand".

Please return this form together with a cheque for the appropriate membership fee to:

Play Therapy International
 The Coach House
 Belmont Road
 UCKFIELD
 TN22 1BP
 UNITED KINGDOM

If you have any queries please email ptiorg@aol.com