

Teacher Trainee Membership Application or Change Notification Form

Full explanations of all sections of this application form can be found in the flyer *Join PPTA* and in the PPTA Constitution available at www.ppta.org.nz. For more information call toll free 0800 630 400.

First name(s) Surname

Female Male Preferred name *(if different from above)*

Teacher training establishment

Course commencement date Course completion date *(approx.)*

Home address: Street Suburb

Town/City..... Home Phone ()

Mobile () Email

Membership Declaration

I..... *(your name)* apply for teacher trainee membership of the NZ Post Primary Teachers' Association (NZPPTA). I accept the responsibilities of membership and will obey its rules. I consent to the disclosure of the information given on this form to the authorised officers and agents of NZPPTA for access to membership benefits.

I understand that this authority ceases when I begin working as a teacher and that a new application must be made for membership as a teacher.

Signed Date

OFFICE USE <i>Processed Date</i> <i>Membership number</i> <i>Date Financial</i>

Please return this form in an envelope addressed:

**PPTA,
 Freepost 103122
 PO Box 2119
 Wellington**